

American Optometric Association NEWS

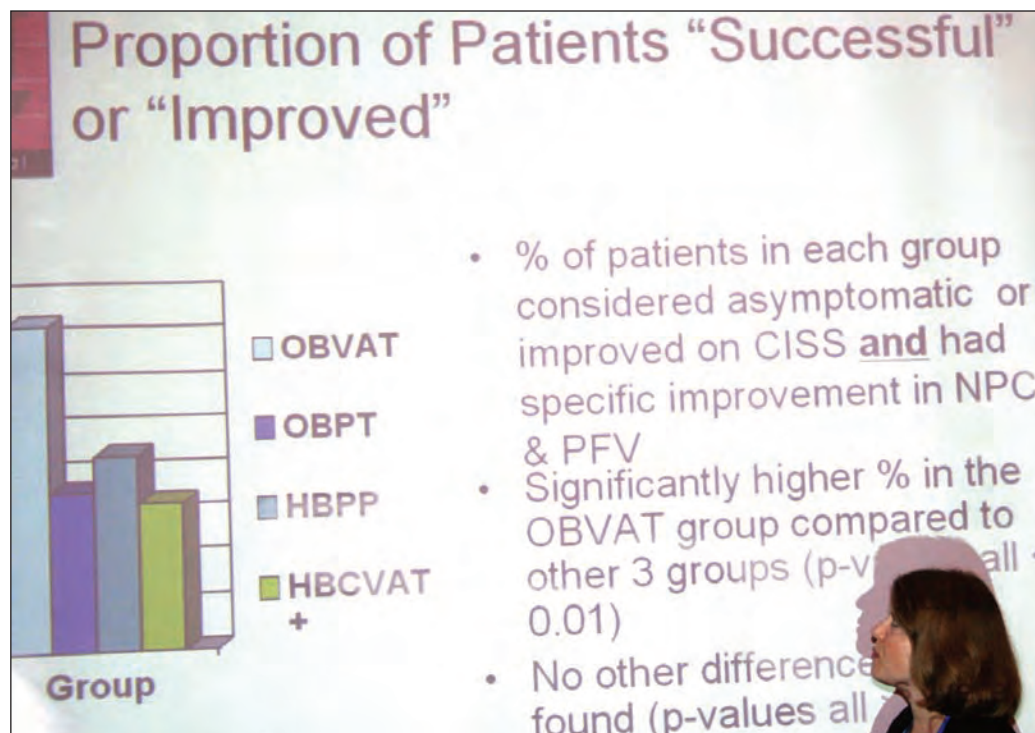


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Volume 47

November 2008

No. 7



Marjean Kulp, O.D., an investigator for the Convergence Insufficiency Treatment Trial, describes results of the study at the American Academy of Optometry meeting last month. The trial (see *AOA News*, Oct. 27) demonstrated that children between 9 and 17 responded best to a course of office-based vision therapy combined with home-based exercises.

Annual exams driving more patients to eye care practices

Annual eye examinations – along with reminder notices from practitioners – are now, more than ever, the most significant factor influencing patient demand for services in eye care practices, according

to the AOA 2008 Consumer Survey.

Fully two-thirds of patients (67 percent) now say they last had their eyes examined simply because “it was time” to do so, according to the survey.

Those survey results indicate a marked difference in patient attitudes from the days when many or most patients only visited an eye care practice if they were

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Electronic Health Records conferences put on hold

Despite a sold-out crowd and glowing reviews for Building the Paperless Practice: AOA's Electronic Health Records Seminar in Dallas last January, a slowing economy and dim prospects for the near-term have meant registrations for the next conferences have lagged well behind projections.

As a result, the AOA is postponing the EHR conferences planned for December in Baltimore and for February in San Francisco. Current registrants are being contacted personally by the AOA to coordinate refunds of their registration fees.

“Building a first-rate paperless office means a substantial investment in equipment, software, training and initial productivity,” said Scot Morris, O.D., member of the AOA's Continuing Education Committee. “It's apparent that many ODs – and physicians in all fields – are deciding to postpone this necessary investment until more confident economic times return.”

A study by the Centers for Disease Control and Prevention (CDC) performed before the recent economic downturn showed that about 25 percent of all physicians planned to install new EHR systems or replace existing one in the next three years. Another 15 percent said they “might” do so. Fewer than 13 percent of all office-based physician practices had an EHR system in 2006, up from 9 percent in 2005, according to the CDC.

“While the productivity gains offered by EHR systems could help many practices better withstand tough times, it's understandable that practitioners want to be prudent in their spending,” Dr. Morris said. “And if a practitioner is not planning to invest in EHR in the near-term, there's little incentive to go to a program such as the AOA's currently, where the focus is on choosing the right system,

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Get the information you need at ilamo@aoa.org



President's Column



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Annual Report of the AOA
Working together in
6,500 communities



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PRESIDENT'S COLUMN

Can we all do more?

As I type this column, I'm flying home from Washington, D.C. I represented the AOA at The National Changing Diabetes® Program (NCDP) Member Association and Partner Leadership meeting.

Fortunately for the AOA and optometry, our previous leaders and staff recognized at the launch of NCDP, in 2005, that optometry plays an important role in the lives of patients with diabetes and offered to be a sponsoring association.

More than 24 million Americans suffer from diabetes, and another 57 million have pre-diabetes. It is estimated that one in three boys and two in five girls born in 2000 will develop diabetes in their lifetime.

Nearly two-thirds of U.S. adults (133 million) are overweight or obese, a key risk factor of diabetes.

In May 2008, based on the findings from the Societal Barometer, a national benchmark survey of public knowledge and perceptions on diabetes conducted by Gallup®, the NCDP announced an aggressive National Diabetes Goal: By 2015, 45 percent of Americans who are at risk for type 2 diabetes will know their blood glucose levels, and what actions to take.

Another NCDP study found that our federal government spends nearly \$80 billion more to treat people with diabetes than those without the disease, and 18 of the 21 departments within the federal government have some level of spending that impacts

diabetes – with a serious lack of coordination.

The AOA will continue to collaborate with the NCDP and other member associations and partners at the federal level to ensure that optometry remains a primary member of every patient's health care team; and encourage more coordination among government departments.

During my inaugural speech in Seattle I shared that the National Eye Institute estimates that diabetic retinopathy will increase from 4.1 million Americans today to 7.2 million by 2020.

To make a difference, our involvement cannot be limit-

visual future if they don't achieve better control?

❖ Are you corresponding with your patient's diabetes physician and letting that doctor know your concerns and reminding them that you are a primary health care provider, not just an "eyeball doctor"?

❖ Are you encouraging patients who seem to have poor control that is "acceptable to their doctor" to find another diabetes doctor?

❖ Are you asking patients at risk for diabetes (family history and obesity for example) when they had their last blood work and encouraging them to have regular screen-

The NCDP announced an aggressive National Diabetes Goal: By 2015, 45 percent of Americans who are at risk for type 2 diabetes will know their blood glucose levels, and what actions to take.

ed to patients with retinopathy. As individual practitioners, you and I need to do all we can to help our patients and our communities take on the diabetes epidemic.

It starts with our patients.

❖ Are we asking every diabetic what their last glucose and A1C tests were and recording the information so we can see trends when they return?

❖ We all have patients with diabetes that is "less than ideally controlled"? Are you counseling them on their

ings?

❖ And here's the biggie.....are you counseling your obese patients on their potential for chronic illness like diabetes and how it can ultimately affect their eyes and vision?

That will probably be an uncomfortable conversation – I know it will be for me – but as the "family eye doctor" we have the relationships that can survive that conversation – because we care!

We'll continue to do our part at the AOA through our



Dr. Kehoe

Healthy Eyes Healthy People® mission to build collaborations to achieve a healthier America.

I would encourage all optometrists to do more in their role as primary health care providers in helping our patients live healthier with their diabetes – or better yet – prevent it! Your patients and our health care system need your help.

November is American Diabetes Month - to learn more about the NCDP and the National Diabetes Goal, visit: www.ncdp.com or www.nationaldiabetesgoal.com.

It's All About Our Patients,

Be sure to visit my blog: www.petesaoablog.com and comment on this or any topic of your choosing.

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Survey,

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having trouble seeing or experiencing some other problem with their eyes, according to Richard C. Edlow, O.D., chair of the AOA Information & Data Committee.

“The survey results also clearly confirm the importance of an effective recall system in ensuring delivery of timely comprehensive eye care,” Dr. Edlow added.

The AOA Consumer Survey (formerly known as the AOA Public Image Survey) is conducted every two years by the AOA Information & Data Committee to provide insight into why patients seek eye and vision care, how they select eye care practitioners, how often they undergo eye examinations, and related factors.

The survey finds four out of five patients (83 percent) have a “family eye doctor” whom they see for regular examinations or when a special need for eye care arises.

The survey also finds high levels of satisfaction with those eye care practitioners.

An overwhelming 91 percent of patients say they plan to return to the same

Primary Reasons Patients Seek Eye Care/Eyewear, 1996-2008							
Reason Cited	1996*	1999*	2001*	2003*	2004*	2006*	2008*
Regular exam time/doctor notified	50.7%	43.8%	54.4%	48.4%	55.4%	56.6%	67%
Vision difficulties or problems	26.3%	25.4%	26.2%	22.2%	23.4%	21.6%	21%
Needed new lens/lens prescription	9.9%	16.4%	10.8%	17.2%	11.0%	12.8%	9%
Eye infection, disease or injury	4.3%	8.6%	8.4%	4.6%	5.6%	9.2%	6%
Wanted new/diff. glasses/contacts	5.4%	4.2%	5.2%	3.4%	4.2%	5.6%	2%
Glasses/cont. lens damaged or lost	5.1%	3.6%	0.8%	4.4%	2.6%	3.4%	2%
Interest in laser vision correction	n/a	n/a	n/a	1.4%	1.2%	0.6%	1%
Other reasons	1.1%	1.6%	0.6%	1.4%	2.6%	1.6%	0%

* may exceed 100%
n/a = not available

practitioner the next time they need eye care.

The survey also affirms optometry’s status as America’s primary eye care provider, with patients selecting optometrists over ophthalmologists for examinations by a factor of two-to-one.

The survey finds personal recommendations represent the fastest-growing source of new patients in eye care practices.

More than a third (36 percent) of patients now say they selected the eye doctor who provided their last exam-

ination based on a recommendation from a friend, a co-worker, or a relative – compared with only about a quarter of patients two years ago.

About one in six patients (17 percent) report selecting their eye care provider on the basis of a referral from another health care professional.

Such inter-professional referrals now represent the second most common basis on which patients select an eye care provider.

The survey finds the percentage of patients who select eye care providers primarily

on the basis of advertising or insurance plan providers lists is not increasing.

Not surprisingly, when patients need to replace their eyewear, they want to be able to see their practitioner very quickly, the survey finds.

Some 28 percent of contact lens wearers would want to see their eye care practitioner within a day if they lost or ran out of their lenses; another 25 percent would wait up to a week.

Once eyewear is ordered, most eyeglass and contact lens wearers would like to

have it in a week – maybe two, the survey finds.

However, about one in eight patients (12 percent) say they expect their eyeglasses in one to four hours and about one in 10 (9 percent) want them in one day.

Similarly, about one in eight (13 percent) CL patients want their lenses in one day with another one in 10 (11 percent) wanting them within two or three days.

Additional 2008 AOA Consumer Survey results will be published in the Practice Strategies section of the January edition of *Optometry: Journal of the American Optometric Association*.

AOA members can access Highlights: AOA 2008 Consumer Survey, as well as results of other AOA Information & Data Committee surveys, on the AOA Web site Doctor Center page (www.aoa.org/x4648.xml).

EHR, from page 1

right away.”

The AOA also has obligations to the wonderful sponsors who were supporting these programs, and their best interests were another key decision making criteria in postponing these meetings.

Despite the postponement of the meetings, the AOA is committed to keeping members up-to-date on developments in electronic health records and telemedicine. A survey of AOA News readers found 34 percent of respondents want to see more information about EHR published.

In addition, courses at Optometry’s Meeting® and articles in the Practice Strategies section of *Optometry: Journal of the AOA* are intended to keep members well-informed and will continue.

Shamir joins Ophthalmic Council

The AOA welcomed Shamir as an Ophthalmic Council participant this month.

A company’s participation in the Ophthalmic Council begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA’s goals and practices.

“Shamir is very pleased and excited to be invited to join the Ophthalmic Council,” said Raanan Naftalovich, Shamir CEO. “This is an honorable designation that we take most seriously. Shamir is committed to providing the

most advanced lens technology to the market at any given time, coupled with outstanding educational offerings and superior customer service. By sitting on the Ophthalmic Council, we will be able to add to the discussion about where our industry is headed and get our message out to the folks who are charged with putting their patients in the best possible solutions for their eyes—the ODs. In short, we intend to educate the AOA membership on what it means when we say Shamir is ReCreating Perfect Vision®.”

“Shamir has many advanced products for the progressive lens market, and we see ourselves as a pioneer

and leader in the freeform space,” said Matt Lytle, vice president, Marketing. “One of our main goals is to educate the market on not only what Shamir has to offer, but how freeform can benefit patients overall. To that end, we will be sponsoring educational supplements in the AOA News periodical in 2009. These educational supplements will take the reader from the basics of freeform, to the advanced products Shamir has to offer, such as the Autograph® family of freeform lenses, designed with Freeframe Technology™ and As-Worn Technology™. We will also be beefing up our presence at Optometry’s

Meeting® with a larger, more prominent trade show booth where we can further get this message to the membership. Our goal by the end of 2009 is for the majority of the AOA membership to have a firm understanding of what technological products Shamir has to offer as well as enhance their understanding of freeform.”

Shamir’s commitment makes it a silver-level sponsor with sponsored benefits between \$50,000 and \$99,999.

Shamir was established in 1997 and is headquartered in San Diego, Calif.

For more information, visit www.shamirlens.com.



AOA cautions CMS on unrealistic ICD-10 codes transition deadline

The AOA and a number of other physician and private-payer organizations have grown increasingly concerned that a federal agency's proposed plan to implement an expanded set of complex diagnostic codes would not give providers and payers enough time to get up to speed and would lead to dramatically increased costs for physician practices and patients.

In a proposed rule released by the Centers for Medicare & Medicaid Services (CMS), the agency outlined a plan that would change how physicians record patient diagnoses and transmit them electronically. If finalized, the CMS scheme would require ODs and other physicians as well as hospitals and health plans to make the transition to the 10th revision of the International Classification of Diseases (ICD) code set standards by Oct. 1, 2011.

Department of Health & Human Services Secretary Michael Leavitt said that the richer code sets of ICD-10 and the transaction upgrades will allow the HHS to support full quality reporting, pay-for-performance and bio-surveillance. In contrast, Leavitt said, ICD-9 is outdated, is too imprecise for modern medical care and lacks the space needed to adapt to new procedures and technologies.

In response, the AOA has joined with a number of other physician organizations to raise concerns with the agency and have jointly argued that the proposed timeline would not give doctors of optometry and other providers enough time to implement needed changes. The coalition has argued that the switch to ICD-10 would be a massive administrative undertaking as ICD-9 has 17,000 codes for reporting patient diagnoses while ICD-10 has some 155,000 codes.

In a letter addressed to CMS Acting Administrator Kerry Weems, the AOA called on the agency to carefully reassess its plan to adopt ICD-10 in such a short implementation timeframe. The AOA warned the agency that the costs associated with implementing the mandate on such a compressed timeline would be markedly higher than CMS estimates and will place a major burden on ODs and other providers, taking valuable resources away from their patients and straining other resources needed to invest in health information technology.

A recently completed Nachimson Advisors study supported by the AOA and a national coalition of provider and payer groups found the estimated cost impact of an ICD-10 mandate for a typical small practice (three physicians and two administrative staff) was \$83,290; a typical medium practice (10 providers, one full-time coder and six administrative staff) was \$285,195; and a typical large practice composed of 100 providers with 64 coding staff, 10 full-time coders and 54 medical records staff was more than \$2.7 million.

In response, the CMS announced it will host a series of National Provider Conference Calls. The physician call is scheduled for Nov. 17 at 2:30 p.m. (EST). For registration information, visit www.cms.hhs.gov/ICD10.

A transcript will be posted on the ICD-10 Web page shortly after the conference call. In addition, the CMS posted a PowerPoint presentation on the CMS ICD-10 Web page for more information about the transition.

Medicare launches aggressive new anti-fraud measures

The Centers for Medicare & Medicaid Services (CMS) has announced "aggressive new steps to find and prevent waste, fraud and abuse in Medicare."

CMS officials announced Oct. 6 that they will be working more directly with beneficiaries and providers; consolidating fraud detection efforts; strengthening oversight of medical equipment suppliers and home health agencies; and launching a national program under which Medicare claims will be monitored by a network of independent auditors.

Optometrists, like other health care providers, should be aware of the new Medicare anti-fraud, waste and abuse initiative and make efforts to ensure all of their Medicare claim filing practices are in line with applicable federal regulations, the AOA Advocacy Group noted.

Outside auditors

Under its new nationwide Recovery Audit Contractor (RAC) program, the CMS will contract with independent outside auditors to review Medicare claims for inaccurate billing and pursue any necessary corrections in payments.

"The RACs (will) review paid claims for all Medicare Part A and B providers to ensure their claims meet Medicare statutory, regulatory and policy requirements and regulations," according to a CMS statement.

If a RAC finds that any Medicare claim was paid improperly, the auditor will then request repayment from the provider if an overpayment was found or request that the provider is repaid if the claim was underpaid.

The new outside RACs will be paid contingency fees based on both the overpayments and underpayments they find.

The CMS said a demonstration project found outside auditors were more successful than carriers in both uncovering billing errors and correcting payments. The three-year RAC demonstration program in California, Florida, New York, Massachusetts, South Carolina and Arizona collected more than \$900 million in overpayments and nearly \$38 million in underpayments returned to health care providers.

The RAC will provide auditing services to Medicare on a regional basis. RAC regions will coincide with the CMS's four previously established Durable Medical Equipment Medicare Administrative Contractor (DME MAC) districts.

Contracts for the outside auditors in each of the Medicare four RAC regions were also announced this month.

The four RACs will initially audit claims in a limited number of states in each region, according to the CMS. Additional states will come under the program in 2009.

The nationwide RAC program was authorized under the federal Tax Relief and Health Care Act of 2006, which requires the CMS to have outside auditors in place for all 50 states by no later than 2010.

The RACs are scheduled to begin informing health providers about the new auditing program this month and next.

Additional information on the new Medicare outside auditing program can be found on the RAC Web page (www.cms.hhs.gov/RAC).

Program integrity contractors

The CMS is taking similar steps in reorganizing many of the activities undertaken as part of the agency's Medicare Integrity Program (MIP).

The program is designed to prevent Medicare fraud through effective enrollment and education of providers and beneficiaries, medical record review and data analysis to provide early detection of improper billing, close coordination with related agencies and law enforcement agencies, and enforcement.

Under the action announced this month, a new network of Zone Program Integrity Contractors (ZPICs) will now be charged with ensuring correct payment of Medicare claims.

The ZPICs will consolidate the work of Medicare's current program safeguard contractors (PSCs) and Medicare Drug Integrity Contractors.

The ZPICs will eventually be responsible for ensuring the integrity of all Medicare-related claims under Parts A and B (hospital, skilled nursing, home health, provider and durable medical equipment claims), Part C (Medicare Advantage health plans), Part D (prescription drug plans) and coordination of Medicare-Medicaid data matches (Medi-Medi).

The first contractors to be named under the initiative are Health Integrity, LLC, which will provide Medicare program integrity services in Texas, New Mexico, Colorado and Oklahoma (ZPIC Zone 4) and SafeGuard Services LLC, which will serve Florida, Puerto Rico and the U.S. Virgin Islands. (ZPIC Zone 7).

House makes public health, prevention top priorities

Chronic diseases are the leading causes of preventable death and disability in the United States, accounting for seven out of every 10 deaths. While these often preventable diseases consume 75 percent of overall health care spending, just four cents of every health care dollar currently goes toward prevention efforts.

Alarmed by data showing the United States has the highest rate of preventable deaths among 19 industrialized nations and lags behind 28 other nations in life expectancy, the AOA has worked with leaders in the U.S. House to introduce and swiftly approve a measure calling for an increased federal commitment to public health and disease prevention.

Passed by an overwhelming majority, the AOA-backed H.R. 1381 calls for strengthening the public health system and creating strategies to eliminate health disparities; supporting community-based pro-

grams promoting proper nutrition and physical activity; urging the expansion of clinical preventive activities and supporting an increased investment in federal public health programs.

"We, as a nation, must take steps now to strengthen our public health system and channel greater resources toward proven prevention efforts, such as regular comprehensive eye exams," said Peter Kehoe, O.D., AOA president. "Through increased funding and community-level intervention, we can prevent and mitigate chronic diseases, improve quality of life, reduce overall health care costs and ultimately save American lives."

U.S. government figures highlight that because the number of people with chronic conditions is rapidly increasing, it is estimated that if the U.S. fails to intervene now, by 2025 nearly half of the population will suffer from at least one chronic disease.

AOA urges clarification as FTC delays 'Red Flags' rule

The AOA Advocacy Group reports that the U.S. Federal Trade Commission (FTC) will not enforce until May 2009 a new federal requirement that financial institutions and creditors, possibly including optometrists and other physicians, establish programs to prevent and detect identity theft.

Although the new regulations officially took effect on Nov. 1, without the needed clarifications being sought by the AOA and other health care groups, the FTC will not penalize noncompliance for a six-month period.

The FTC "Red Flags" rule, which is based on the Fair and Accurate Credit Transactions Act, states that any organization acting as a creditor or which maintains covered accounts "must have identity theft prevention programs in place... to identify, detect, and respond to pat-

terns, practices, or specific activities that could indicate identity theft."

Accepting credit cards as a form of payment does not bring ODs or other physicians under the regulations; however, it is still unclear if private practices would be considered "creditors" subject to the guidelines for other reasons.

The AOA is urging the FTC to review the regulation, treat optometry fairly and take action to fully clarify whether or not individual physician offices fall under the regulations, according to Jon Hymes, AOA Washington office director.

AOA members will receive further updates as information becomes available from the FTC.

For more information, call Rodney Peele, assistant director for Regulatory Policy and Outreach, at 800-365-2219, ext. 1348 or e-mail rpeele@aoa.org.

ODs make house call at Senate Health Fair



Navjit Sanghera, O.D., left, and Andy Morgenstern, O.D., right, provide one of more than 265 visual risk assessments to senators, their aides and other attendees during the U.S. Senate Health Fair, which again featured the involvement of the AOA. U.S. Army Lt. Col. David Hilber, O.D., Capt. Robert Groves, O.D., and Douglas Kiessling, O.D., were also part of optometry's team for this important annual event, which successfully raised awareness of the importance of regular eye and vision care and provided up-to-date information on the education and training of the nation's doctors of optometry.

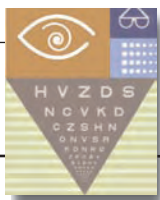
A trip down memory (refraction) lane

Selections from the extensive collection of historical eyewear and equipment housed at the International Library, Archives and Museum of Optometry (ILAMO) in St. Louis is now available for a tour online.

Items such as the Shuron Master Marker, top right, and a lorgnette, perfect for any occasion, (bottom right) are among the dozens of pieces displayed at www.AOA.org/ilamo.xml.

Categories on display include: Eyewear Cases and Containers; Contact Lenses; Decorative Items, Art, Photos; Eyeglasses and Spectacles; Four-Lens Spectacles; Instruments, Equipment, Tools & Training; Lorgnettes; Martin's Margins; Miscellanea; Pince-nez, Folding, & Quizzers; and Recreational and Safety Eyewear.





SPOTLIGHT ON AOA MEMBERS

Optometrist practices with a purpose

Sandra Bury, O.D., dedicates her career to championing children's vision and helping others.

Dr. Bury, who practices in Oak Lawn, Ill., wanted to ensure that all kindergartners received eye exams and were not overlooked following the passage of the Illinois children's vision law.

While the law requires comprehensive eye exams for children entering kindergarten or enrolling for the first time in public, private, or parochial schools in Illinois, some students were hindered by financial obstacles.

"We are thrilled to have a strong children's vision law in Illinois," said Dr. Bury. "I know Kentucky has been very successful, but we are a bit different from them in that we have so many urban areas. We don't have as many service agencies, so there is a huge unmet need for children who cannot get care for financial reasons."

Dr. Bury and her associate decided to help meet that need in their area by distributing eye exam vouchers to the school nurses in their area.

"The nurses were so enthusiastic, and it was a

great relationship builder," said Dr. Bury. "We thought—why don't we take this statewide?"

Through the Illinois Optometric Association (IOA), Dr. Bury developed the Clear Start Program.

The Clear Start Program is a completely voluntary program to assist schools in complying with the new children's vision exam requirement. The program recruits ODs to volunteer to donate an exam or two (or more).

Dr. Bury designed the Clear Start Program so that participating doctors simply sign the voucher(s) and send them to the local school nurses to be distributed as needed.

"When we passed the law, there were several entities questioning how children who fall through the cracks of not-Medicaid-eligible, no-insurance and unable-to-pay-out-of-pocket could comply with the law," said Charlotte Nielsen, O.D., past president of the IOA. "This program answered those questions."

Dr. Bury was recently re-elected as the IOA Membership Trustee, a position in which she assisted Steve Butzon, O.D., with a



Sandra Bury, O.D., second from left, watches a performance of an exotic dance by Haitian refugees. The musicians played homemade horns and drums and termed the music style "ga ga." Dr. Bury worked with the refugees on a VOSH mission in the Dominican Republic.

mailing to non-members to inform them of the great accomplishments of the IOA and AOA.

As part of the mailing, the AOA provided DVDs on organized optometry and Alcon supplied microwave popcorn.

"We told them to enjoy the popcorn and a movie on us," said Dr. Bury. "We got quite a few new members from it—a lot of them just hadn't been asked to join."

Dr. Bury also started a new mentoring program this year.

"We have a slew of new graduates from the Illinois College of Optometry each year," said Dr. Bury. "With this mentoring program, we have a doctor from the local society contact the graduate and welcome each one to the profession."

The program is a long-term effort to build relationships. New optometrists are welcomed to organized optometry and can recognize a "friendly face" at the meetings.

"Those who have been doing optometry for awhile

want to see a bright future for our profession," said Dr. Bury. "The response has been enthusiastic."

"The Illinois College of Optometry graduates a large class each year," said Dr. Nielsen. "It has been difficult to keep track of all of the new ODs. This new organized program is keeping all of them in the loop."

Not only does Dr. Bury dedicate time to organized optometry, but she is very involved in Volunteer Optometric Services to Humanity (VOSH).

Dr. Bury has been volunteering for VOSH missions for more than 10 years. In addition to local missions, she has traveled to Ecuador, Nicaragua, Peru, Mexico, Panama, Costa Rica, Lithuania and the Dominican Republic.

"VOSH is one of my favorite things to do," said Dr. Bury. "When you sit in your office in the suburbs, it's sometimes hard to keep your bearings on what you are

see Purpose, page 9



Dr. Bury examines a patient on a VOSH mission in the Dominican Republic.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to RAFoster@aoa.org.



Dr. Bury performs an eye exam on a child during one of her missions.

VCA releases voluntary lead guidelines

In response to the recently passed Consumer Product Safety Improvement Act of 2008, The Vision Council released voluntary lead guidelines to its members.

The guidelines were developed as an informative document to help optical manufacturers understand and comply with federal regulations on lead.

"We wanted to be proactive, not reactive," said James Shyer of Zyloware Eyewear, chair of the Eyewear and Accessories Division. "So last year we created a taskforce. We put our heads together to decide what to do. As a medical device, it's not mandatory that our products be tested,

but they must stay within the guidelines."

The law significantly reduces the amount of lead allowable in toys and products manufactured for children 12 and under.

The guide provides optical manufacturers with information to help them assess the appropriate course of action to comply with the law.

"The newly enacted law will go a long way to help children remain safe from lead in toys and other products," said Ed Greene, chief executive officer for The Vision Council. "Given the complicated language of the law, we are happy to offer our

members a guide to understand the nuances which can help them take action accordingly."

The topic of lead in consumer products came to a head in the fall of 2007 when many children's toys were recalled because they contained high levels of lead.

A few low-cost children's sunglasses were recalled, but there have been no cases of ophthalmic frames with anywhere close to the lead levels provided in the guidelines, according to Eve Zartman-Ball, senior director of Public Affairs and Advocacy.

For the past year, The Vision Council has monitored

the development of legislation and has lobbied to ensure that public safety and the interests of its members were preserved on Capitol Hill and in other federal agencies.

"Our Lead Task Force has been very proactive in following this issue and creating these guidelines for our members, and we are grateful to the Eyewear and

Accessories and the Sunglass and Reader Divisions' volunteer leadership who have overseen the guide's development," said Greene. "This guide is only the starting point, and The Vision Council's legislative, regulatory and technical standards staff remains ready to help continue to navigate through the process."

Call for posters opens Nov. 17

The AOA is inviting participation in the Clinical and Scientific Poster Session at the 112th Annual AOA Congress & 39th Annual AOSA Conference: Optometry's Meeting®.

The program creates a national forum for clinicians, students, and faculty to communicate interesting cases and unique research to their colleagues. The poster preview session will be held Friday, June 26, 2009, and the interactive session offering continuing education credit will be Saturday, June 27 from 11 a.m. to 2 p.m. at the Gaylord National Convention Center.

Poster abstracts must be submitted electronically and must be received by Feb. 9.

For more details and an electronic submission form, log on to www.optometrismeeing.org and click on the Call for Posters icon. For more information, contact Stacy Smith at 314-983-4254 or at sasmith@aoa.org.



James Kirchner, O.D.

Kirchner receives NOA honors

James Kirchner, O.D., of Lincoln, Neb., was honored with the Nebraska Optometric Association's Distinguished Service Award at the association's annual convention in Kearney last month.

This award is presented to a Nebraska optometrist who has rendered long, outstanding, and exemplary service to the community and the profession.

Dr. Kirchner graduated from the Illinois College of Optometry in 1977.

Dr. Kirchner went on to launch a variety of optometric-related businesses and is past president and current CSO of EyeCare Specialties and is president and CEO of Hi-Tech Optical Labs.

Dr. Kirchner is also the president of both LabPal and Pinnacle Coating.

As a Nebraska Optometric Association (NOA) member for more than

30 years, Dr. Kirchner served on the NOA Board of Directors from 1990 to 1995 and was president in 1994.


Dr. Kirchner was chosen as the NOA OD of the Year in 1996.

At a regional level, Dr. Kirchner went through the chairs of the North Central Optometric Council, serving as president from 1999-2000.

Dr. Kirchner has also been active in the AOA, including the Optometry 2020 summits, and currently serves as the chair of the AOA Communications Group Executive Committee.

Dr. Kirchner has served on a number of advisory panels throughout his career, has been a speaker in the ophthalmic industry for many years and is a contributing author to ophthalmic industry journals.





Dr. Kirchner has served on the Nebraska Board of Optometry since 2004.



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OD encourages collaboration with ADA

According to the AOA's 2008 American Eye-Q® survey, only 38 percent of adults know that diabetes is detectable through a comprehensive eye exam, and 26 percent of Americans have not been to an eye doctor in the past two years.

With a number of adults not receiving regular, comprehensive eye exams, millions are putting their vision and health at risk.

To combat these risks, Mark Chasse, O.D., is encouraging optometrists to partner with local American Diabetes Association (ADA) affiliates.

"I think this is an avenue we do not sometimes all take advantage of in optometry," said Dr. Chasse, who practices in Cromwell, Conn.

More than 21 million Americans have diabetes, and it is estimated that more than 6 million Americans are unaware that they have the disease.

The ADA estimates that 54 million Americans age 40 to 74 have pre-diabetes, a condition that puts them at risk for type 2 diabetes.

Without intervention, an estimated 50 million people, or 15 percent of the population, will have diabetes by 2025.

Diabetes is recognized as the top cause of new cases of blindness among adults.

When Dr. Chasse first began working with the ADA more than a decade ago, the association did not realize the role optometrists played in caring for patients with diabetes.

Dr. Chasse saw an opportunity when the ADA developed its annual diabetes expo and requested his help organizing eye screenings.

"In Hartford, they needed someone to run the eye screenings," said Dr. Chasse. "From there, one thing led to another. Ophthalmology was not interested—occasionally

one doctor would show up, but then there would be no follow-up. The ADA did not know what ODs did, and this was a chance to explain what I did."

The diabetes expo features information booths and eye screenings for patients with diabetes.

"Basically, if you contact your local ADA affiliate and

"The ADA is looking to go outside of traditional areas and open up a level of partnership in the health care community that we didn't have before. It's a chance to sit at the table with other health care providers."

say 'I'd be happy to work with you on an expo or on any committee that is needed,' the ADA would be so grateful," said Dr. Chasse.

at the table with other health care providers," said Dr. Chasse.

Dr. Chasse was the first eye doctor (optometrist or

"The ADA is looking to go outside of traditional areas and open up a level of partnership in the health care community that we didn't have before. It's a chance to sit

ophthalmologist) to be inducted into the Connecticut & Western Massachusetts Hall of Merit.

As a longtime volunteer leader for the ADA, Dr. Chasse has identified hundreds of people at risk of developing or currently living with undiagnosed diabetic retinopathy over the past 27 years.

For more information or to get involved, visit www.diabetes.org.

"The more people involved the better," said Dr. Chasse. "What an opportunity for optometry to shine."

Purpose, from page 7

doing for people. So each year I give myself one week to recharge."

Dr. Bury said VOSH-Illinois seeks out areas with no access to eye care both locally and internationally. Local missions include a homeless shelter where ODs perform comprehensive eye exams and the local Rotary club provides new eyeglasses.

A team of 20 volunteers

can see 1,500 to 2,000 patients over the course of a week-long mission.

"VOSH is optometry's best-kept secret," said Dr. Bury. "Don't consider your career complete until you do a mission. It's so fulfilling."

Dr. Bury also noted the work the Illinois College of Optometry and President Arol Augsburg, O.D., do with VOSH.

"Dr. Augsburg has a commitment to promoting student involvement in



Dr. Bury assists a low vision patient during a VOSH mission.



Dr. Bury with children in Peru.

VOSH," said Dr. Bury. "It has created a surge of idealism."

Dr. Bury welcomes the future generation of ODs and said the driving force in her career is having fun.

"I became an OD to help people," said Dr. Bury.

"Beyond working in an office and pushing paper around, I can change the life of a child struggling in school. I can help an elderly person be able to see. When you help other people, you are truly helping yourself."



Dr. Bury poses with a patient on a mission in Panama. The woman is a member of the Kuna people and made her unique clothes, called molas, by hand.

The American Optometric Association (AOA) would like to thank the following corporations for their 2008 support of the association. Their assistance noticeably demonstrates a concern for the well being of the optometric profession and better eye/vision care.

While there are many companies in the ophthalmic field, we hope you will take note of the ones that are most active in supporting the AOA and the profession of optometry.

2008 Sponsors, Thank You for Your Support

Listed are highlights of the many programs companies supported with the AOA in 2008.

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- Aviation Vision Program
- Optometry's Meeting®: General Session Speaker and Award Videos
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- Career Advocate Program
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- Practice Transitions: Strategies for Making Them Happen

PLATINUM-LEVEL SPONSORS (\$200,000—\$349,999)



- Career Advocate Program
- Optometry's Meeting®: Breakfast Seminar
- Optometry's Meeting®: Wednesday OD Exclusive Education



- Optometry's Meeting®: Thursday Exclusive Education
- Practice Transitions: Strategies for Making Them Happen
- Sports Vision Section Eye Emergency Kit



- Optometry's Meeting®: Contact Lens & Cornea Section Student Research Award
- Optometry's Meeting®: Friday OD Exclusive Education
- Optometry's Meeting®: Specialty OD Education



- Optometry's Meeting®: Welcome Reception
- Optometry's Meeting®: Specialty OD Education
- Practice Transitions: Strategies for Making Them Happen



- Optometry's Meeting®: Specialty OD Education
- Paraoptometric Certification Program
- Practice Transitions: Strategies for Making Them Happen



- Optometry's Meeting®: Presidential Celebration
- Optometry's Meeting®: Washington Wine Experience—Exhibit Hall Reception
- Practice Transitions: Strategies for Making Them Happen

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- Contact Lens & Cornea Section Online Education
- Optometry's Meeting®: Specialty OD Education



- Optometry's Career Center®
- Practice Transitions: Strategies for Making Them Happen



- Wellness Public Relations Initiative
- Practice Transitions: Strategies for Making Them Happen



- Optometry's Meeting®: AOSA Education & Student Night Out
- Optometry's Meeting®: General Education Day



- Healthy Eyes Healthy People® State Association Grants
- Practice Transitions: Strategies for Making Them Happen

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Working Together in 6,500 Communities

Annual Report for the American Optometric Association

*Program Year 2007-2008



American Optometric Association

A Letter from the **President**



The American Optometric Association's 110th Program Year

The American Optometric Association's 110th program year was a shining success for our profession as we rightly assumed a role of leadership in the communities we serve. It was my pleasure during the year to experience firsthand in Canada, Europe and South Korea how we are making a difference in the global community. But I also saw how we are transforming eye and vision care in small and urban communities across the country—dinner at a member's home in Georgia; or driving around Branson with a certain Wisconsin OD, searching for a specialty store; or sharing a member's passion for astronomy in Arizona—special moments like these personalize the experience of organized optometry.

The presidency of the AOA is a unique place to get an understanding of the full impact of what members of our profession—and this association—contribute to good patient care and the welfare of the communities where we live. And speaking of impact, this year we said “farewell” to Dr. Mike Jones who served as executive director of the AOA for 10 years — doing so with distinction and dedication.

The year has seen the AOA Board, AOA staff and dedicated AOA volunteers working hard for both members and patients as we strive to create programs helpful to the profession and face controversial issues head on. And what a productive year we had! Allow me to review just a few of the things we accomplished on your behalf:

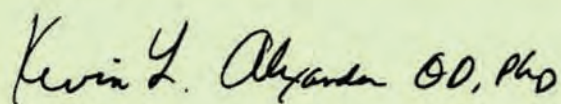
- We developed a diabetic co-management report form to encourage optometrists to communicate patients' eye health status to other health care providers;
- Through our legislative efforts and record AOA-PAC contributions, our influence in Washington continues to grow;
- We joined with five other national optometric organizations to form the Joint Board Certification

Project Team to explore the topic of continued competency;

- Through our affiliation with Hill & Knowlton, optometry continues to be a go-to source for major media across the country;
- A successful Electronic Health Records seminar was hosted in January;
- InfantSEE® was awarded a \$438,000 congressional appropriation to continue the good work the program has begun;
- We have established the National Commission for Vision and Health – a true optometric “think tank” for public health policy;
- Optometry's Fund for Disaster Relief was used to assist optometrists who were affected by the wildfires and tornadoes.
- The AOA continues to supply members with updates to the ever-changing NPI and PQRI scene;
- We introduced AOACodingToday.com to help members better manage the details of their practices;

And we've done so much more. As you read the year's highlights on the following pages, I hope you begin to share my appreciation for the breadth and impact of the work of the AOA, and of each one of you. It's certainly true that we are all working together—in 6,500 communities.

Sincerely,



Kevin Alexander, O.D., Ph.D.,
President, American Optometric Association,
2007-2008

Community with a Global View

To protect and promote our profession for the benefit of our patients and practices.

“A man's feet should be planted in his country,
but his eyes should survey the world.”

--George Santayana



More than a century ago, the profession of optometry was founded by a small group of spectacle makers. From a tiny community of merchants and craftsmen, the field of optometry has grown into the American Optometric Association, a distinguished and essential component of American health care, and a beacon for worldwide eye and vision care.

For generations of distinguished leaders, committed caregivers and skilled professionals, the AOA has provided the common ground where shared aspirations can flourish. Built upon the collective energy, vision and efforts of many, the AOA has earned the esteem of its peers in other professions and established a reputation

among policymakers that is enviable and effective. Working together in thousands of places, today's optometrists are highly qualified, trained doctors on the frontline of eye and vision care who examine, diagnose, treat and manage diseases and disorders of the eye. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide more than two-thirds of all primary eye care in the United States.

The AOA helps those doctors of optometry achieve more – together and separately – than they could ever accomplish alone.



From left, AOA President-elect Peter Kehoe, O.D., meets with Lt. Col. Donovan Green, O.D., and Rep. John Boozman, O.D. (R-Ark.), original sponsor of the Military Eye Trauma Act.

Georgia Optometric Association President John Whitlow, O.D., testifies on behalf of optometry during a Nov. 8, 2007, hearing before the U.S. House Committee on Small Business' Subcommittee on Regulations, Health Care and Trade. He detailed the harmful impact of Medicare reimbursement cuts on solo and small-scale optometric practices.



Community of Responsible Citizens

A strong community calls for active citizens, vigorously engaged in the democratic process, speaking up for what's right. The AOA has become highly adept at opening doors, shaping messages, and giving voice to those ideals.



With the help of concerned doctors and students from across the country, the AOA:

- Prevented the enactment of a massive Medicare payment cut to ODs and other Medicare physicians and replaced it with a 0.5 percent positive payment update. The scheduled fee cut would have slashed reimbursement levels more than 10 percent.
- Worked tirelessly to ensure better care for America's wounded warriors through the enactment of the AOA-backed Military Eye Trauma Treatment Act sponsored by Rep. John Boozman, O.D. (R-Ark.).
- Helped defeat the anti-optometry "Sullivan Bill II" (H.R. 2260), which sought to diminish optometric education and to govern every optometrist-patient relationship.
- Helped extend — at existing funding levels — the State Children's Health Insurance Program (SCHIP), which allows states to continue to serve about 6 million children and eligible adults nationwide.
- Brought violations of the Fairness to Contact Lens Consumers Act by Internet contact lens sellers, such as those by 1-800 Contacts, to the attention of federal enforcement officials and congressional leaders.
- Secured support for the Contact Lens and Consumer Health Protection Act (H.R. 2012), an AOA-backed bill to launch a federal crackdown on the anti-patient activities of unscrupulous Internet contact lens sellers.
- Secured new backers for the National Health Service Corps Improvement Act (H.R. 1884), a bill to end the exclusion of ODs from the National Health Service Corps student loan and repayment programs and offer federal incentives to attract health providers to medically underserved areas.
- Successfully sought more congressional co-sponsors to sign on to the Optometric Equity in Medicaid Act (H.R. 1983), an AOA-backed bill to extend physician status to optometrists under the Medicaid program. The bill was the focus of a misinformation campaign by ophthalmology, the American Society of Cataract and Refractive Surgeons and the American Medical Association.
- Foiled a Health Resources and Security Administration plan to eliminate vision care from designated Medically Underserved Populations and Health Profession Shortage Areas. The agency proposal would have excluded vision care from an important federal designation and would have negatively impacted care for millions of medically underserved Americans.
- Secured a leading role for optometry in numerous briefings on Capitol Hill promoting public health issues such as the Vision Care for Kids Act (H.R. 507/ S. 1117).



Michele Haranin, O.D., chair of the Federal Relations Committee, addresses attendees at the Congressional Advocacy Conference.

- This year, Federal Legislative Action and Keyperson (FLAK) Committee members helped plan and execute optometry's largest and most successful Congressional Advocacy Conference to date. In April 2008, more than 420 ODs and students represented the profession at the three-day conference where virtually every congressional office was educated about optometry and learned more about the AOA's legislative priorities.
- Nearly two dozen optometry-only and optometry-led fundraisers were held this year to assist the campaigns of pro-optometry members of Congress and candidates. These "hometown" events helped to elect and re-elect federal candidates that support optometry.
- The Federal Keyperson program surpassed an all-time record for doctor participation, reaching nearly every member of Congress.
- In an effort to highlight the good that the profession is doing nationwide, the Professional Relations Committee boosted optometric participation in a number of meetings and conventions, including the 2008 AARP convention as well as in meetings of the National Chronic Disease Directors Vision and Eye Health workgroup.
- In the last program year, the AOA safeguarded and oversaw optometry's role as the exclusive provider of vision screenings at the Veterans of Foreign Wars annual convention, which is the largest gathering of U.S. veterans in the country.
- This year was a record-setting year for AOA-PAC. More money was raised in the past program year than in any previous year. However, while AOA-PAC came close to hitting the \$2 million target for the recent election cycle, the need to continue to support pro-optometry candidates has never been greater.
- Highlighting optometry's commitment to American service members, an AOA-led delegation toured the Walter Reed Army Medical Center in Washington, D.C., in May 2008. Meeting with a number of wounded warriors and the ODs that care for them, the aim of the visit was to ensure full implementation of the Military Eye Trauma Treatment Act.



Rep. Ralph Hall (R-Texas) accepts the AOA Health Care Leadership Award. Rep. Hall's Keyperson, John Coble, O.D., is at left, with AOA Washington Office Director Jon Hymes.



Jeff Weaver, O.D., director of the AOA Clinical Care Group, met with U.S. Sen. John Barrasso (R-Wyo.) at a Washington, D.C., reception. Sen. Barrasso – a former state legislator and an orthopedic surgeon – was appointed in June 2007 to fill the unexpired term of the late Sen. Craig Thomas (R-Wyo.). Dr. Weaver, normally based in the AOA headquarters in St. Louis, is a colonel in the Army Reserve, and was in Washington performing his annual training in his position as Army Reserve Consultant to the Surgeon General.



Above, in a visit promoting the State Children's Health Insurance Program (SCHIP) and the Children's Health and Medicare Protection Act of 2007 (the CHAMP Act), Rep. Russ Carnahan (D-MO) toured the optometry clinic at the Family Care Health Center, a Federally Qualified Health Center in St. Louis, MO. From left, Larry Davis, O.D., dean of the University of Missouri-St. Louis (UMSL) College of Optometry; optometry students Antione Barnett and Vandy Rajaram; Rep. Carnahan; Brian Brunig, O.D.; optometry student Amber Hanschu; and Jeff Weaver, O.D., AOA director of the Clinical Care Group.

Below, on April 9, Barry J. Barresi, O.D., Ph.D., AOA incoming executive director and member of the AOA Federal Relations Committee, presented Sen. Edward M. Kennedy (D-Mass.) with the 2008 AOA Health Care Leadership Award during the 2008 AOA Congressional Advocacy Conference — optometry's largest federal advocacy event to date. At the conference, Dr. Barresi was joined by 420 optometrists and optometry students from all over the country who took time away from their practices and studies to deliver optometry's pro-access and pro-patient message all over Capitol Hill and throughout Washington, D.C.



The AOA secured optometry's first-ever congressional appropriation this program year: a \$430,000 earmark for the AOA's lifesaving and sight-saving InfantSEE® program sponsored by Sen. Robert Byrd (D-W.Va.), the chairman of the Senate Appropriations Committee and a true friend of optometry.

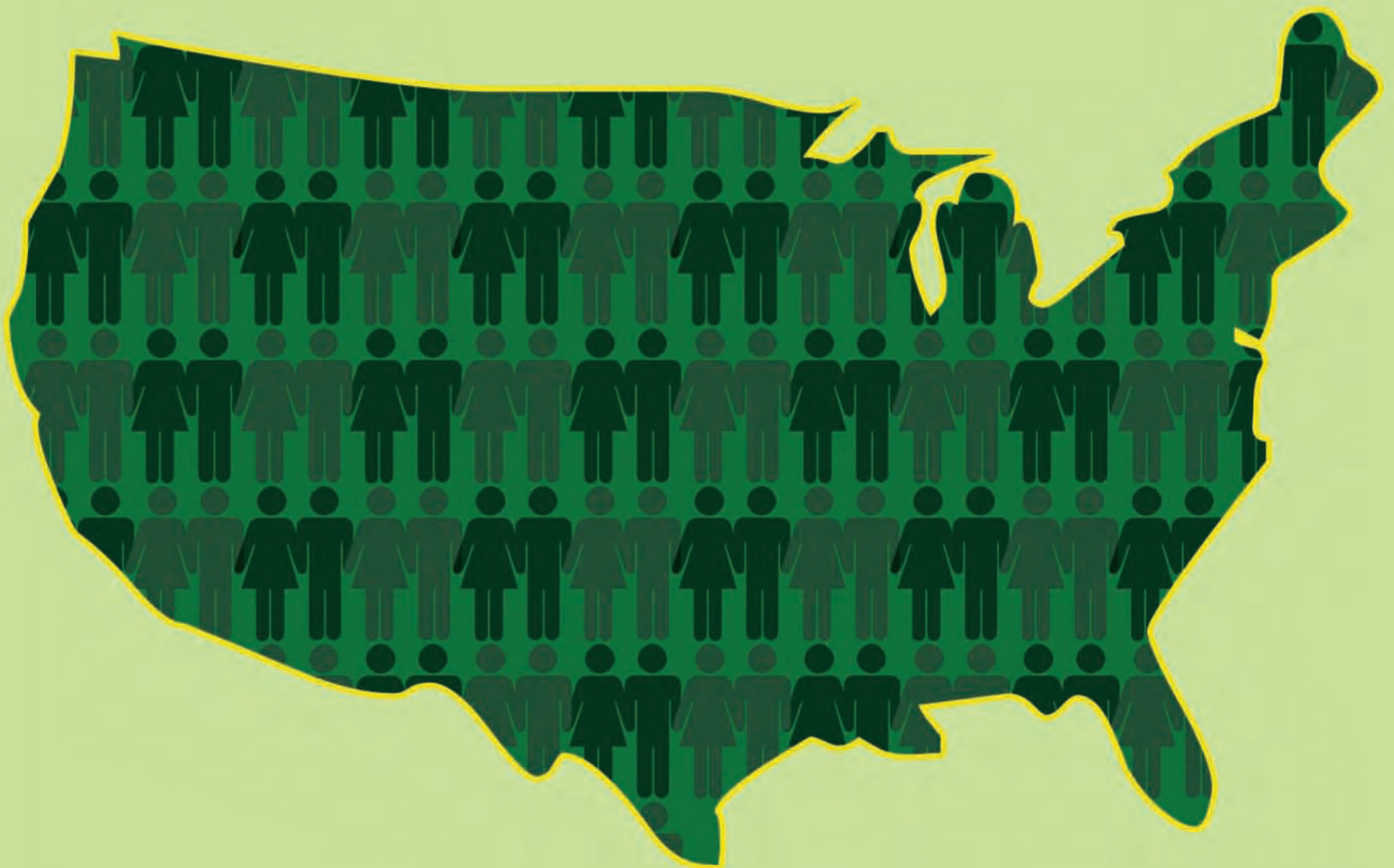
Left, Norma Bowyer, O.D., and Glen Steele, O.D., recognize Sen. Byrd for his work on behalf of children.



Right, Missouri ODs brief educators on the state's new children's vision examination law.

Dedicated Statesmanship

Thomas “Tip” O’Neill — a longtime Speaker of the House in the U.S. Congress — once declared, “**All politics is local.**” The AOA is a federation of affiliated optometric associations. We work together to ensure that legislative momentum builds nationally by coordinating advocacy in the statehouses. Our tools include scrupulous integrity, persuasive reasoning and relentless determination. The results are evident in our affiliates.



The State Government Relations Center (SGRC) offers support and resources to help affiliates accomplish their legislative goals. From drafting and review of bill language, to grassroots political education, SGRC provides the tools needed to ensure success in the state legislative and regulatory process.

Scope of practice legislation traditionally takes the limelight—and for good reason. No other health care

profession has accomplished as much as optometry in advancing its scope of practice.

Since 1971, when the first diagnostic law was enacted in Rhode Island, our affiliated associations have passed 173 scope-of-practice expansion laws. This has taken countless hours on the part of hundreds of dedicated optometrists and staff at both the state and national levels to accomplish so much in a relatively short period of time.

Adding to the victories of this program year were:

- **Alaska**—won authority to use and prescribe all oral drugs, controlled substances and injectable agents
- **Illinois**—won authority to use and prescribe all oral drugs (except steroids), controlled substances and injectable agents to treat anaphylaxis
- **Louisiana**—enacted an oral authority bill
- **Ohio**—enacted a sweeping bill repealing most of the restrictions, conditions, and limitations that were in the previous law.



Illinois ODs, including AOA President-Elect Peter Kehoe, O.D., and educators mark the start of required eye examinations for school students in Illinois.

New technologies and new ways of delivering drugs to the eye through ophthalmic devices will require many of our states to go back to the legislatures yet again to ensure that optometrists can provide full-scope eye and vision care to their patients. While not every state's law needs to be amended to allow optometrists to sell ophthalmic devices classified by the Food & Drug Administration as a drug — most do. This program year,

Kentucky, Louisiana, Minnesota and Ohio enacted laws clarifying this authority.

Based on the directive of the AOA House of Delegates, license mobility continues to be a top priority for the State Government Relations Center. Joining the list of states establishing licensure by endorsement this year were Minnesota, Missouri, and Nebraska.



At the American Legislative Exchange Council's 34th Annual Meeting in July 2007, Utah Senate Majority Leader Curtis S. Bramble (R), at left, meets with Clarke D. Newman, O.D., member of the State Government Relations Center Executive Committee.

SGRC continues to represent the profession in the exhibit hall at the annual meetings of the two largest membership organizations for state legislators: the National Conference of State Legislatures (NCSL) and the American Legislative Exchange Council (ALEC). These two meetings have a combined annual attendance of 9,000 – 12,000. SGRC represents optometrists and patients to thousands of state lawmakers and other important policymakers who hold the future of the profession in their hands.



Louisiana ODs gather to celebrate passage of an oral authority bill.



She may never recover from early vision problems.

The effect untreated vision problems will have on her learning and development will profoundly impact her education, her self-worth and what she does with her life.

Please support mandatory comprehensive eye exams for all children entering school.



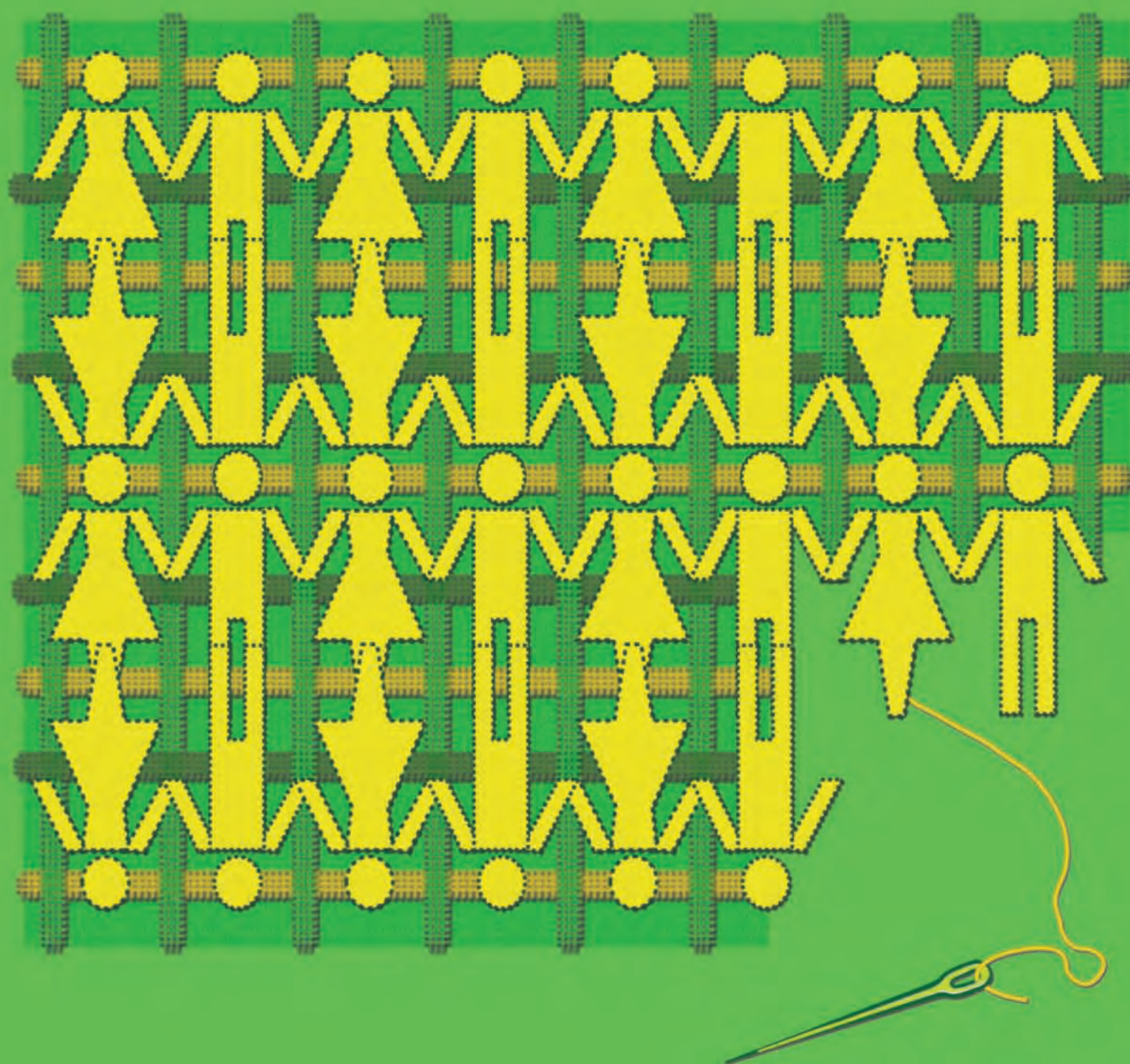
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SGRC has received funding from the AOA Board of Trustees the past two program years to place public relations messaging ads in *State Legislatures*, a publication of the NCSL read by all 7,499 state legislators, as well as members of Congress. These messaging ads such as the one above, developed in consultation with Hill & Knowlton, are placed in support of the affiliates' legislative goals — such as mandatory eye exams for children entering school.

The AOA is working in conjunction with state affiliates to achieve their goals. The Information & Member Services Group established a liaison program to facilitate requests and to assist with developing and implementing membership recruitment and retention campaigns. The AOA also presented the Optometric Leadership Institute, sponsored by CIBA Vision, to several state associations to assist states with the development of leaders.

The Frontlines of Eye Care: Answering the Call

The fabric of a community is woven from the bonds of neighbors helping neighbors. Optometrists have long protected the eyesight of our neighbors. Now, seeing the health of residents threatened by diabetes and other systemic conditions, optometrists are responding to the call to heal. The AOA is on the frontline of eye and vision care, championing health and preventive care for the whole person.



Positioning ODs to improve our patients' overall health

With "disease management" now a key concept in American health care, the AOA provides optometrists the clinical support, practice management know-how and patient education materials necessary to ensure they can meet the nation's growing demand for diagnosis and treatment of eye health conditions.

The AOA developed an Eye Disease Management kit that provides members with handouts, laminated cards and other materials related to glaucoma, macular degeneration, and diabetic retinopathy. The materials are designed to facilitate conversations with patients at the point of diagnosis and promote understanding of the important role early detection plays in the care and treatment of eye diseases. The kits are available to AOA members free-of-charge by request, courtesy of Optos®.

The new Second Edition of the AOA Optometric Clinical Practice Guideline on Care of the Patient with Visual Impairment (Low Vision Rehabilitation) reflects growth and development in the field of low vision rehabilitative care and assists optometrists in responding to the increasingly common diagnoses and referrals for care of visual impairment by medical doctors for the approximately 10 million blind and visually impaired people in the United States.

The AOA Neuro-Optometric Rehabilitation Committee's four-hour AOA Neuro-Optometry Course positions optometrists to address the growing unmet need for care of neurological vision impairment resulting from traumatic brain injury (TBI) among both the nation's returning military veteran and older adult population.

The AOA Diabetes Eyecare Project Team's first-of-its-kind comprehensive three-hour "Diabetes: An Inside Look" course provided practice management strategies and clinical overviews to help optometrists fulfill their responsibilities as primary eye care providers on the frontlines in the battle against the health care epidemic

declared by the U.S. Department of Health & Human Services as the nation's top health priority. The innovative AOA Diabetes Eye Report Form improves communication between the OD, patient and other health providers.

The AOA Professional Relations Committee joined with other health care provider groups, government officials and leaders from the academic and business communities to announce a new national effort to stem the tide of diabetes in the United States. The National Diabetes Goal aims, by 2015, for 45 percent of Americans who are at risk for type 2 diabetes to know their blood glucose levels and what actions to take.

Assisting those who assist others

A new feature of the online job and opportunity matching service provided by Optometry's Career Center® was launched this spring for paraoptometrics, with sponsorship from Marchon and Johnson & Johnson. The service offers member ODs the opportunity to advertise opportunities for staff and for staff to post resumes.

The Paraoptometric Section established new guidelines for exam preparation courses to help ensure uniformity. The section also developed an Education Library to archive online continuing education articles available to members for a small access fee.

In June, the Commission on Paraoptometric Certification announced plans to offer certification exams via computer at several hundred sites in an effort to increase flexibility and accessibility.

Strengthening optometry's role as America's primary eye care provider through collaboration



“With the Healthy Eyes Healthy People® initiative, the American Optometric Association has matured with extensive frontline experience in multidisciplinary collaboration. We have developed new friends and allies through effective service partnerships in locally led community health projects and through Memoranda of Understanding with national entities, such as the American Public Health Association, the National Rural Health Association, and the National Association of Community Health Centers. We believe that HEHP can be the foundation of a new initiative to make vision health visible in the broad debate about community health and public policy.”

— Edwin Marshall, O.D., MPH, chair of the National Commission on Vision and Health. Grants from Luxottica and VSP worth \$810,000, have been awarded to more than 223 projects.

Tacoma, Washington, optometrist A. Paul Chous, O.D. (pictured right with his Optos machine), devotes his practice to eye care for patients with diabetes. About 90 percent of his patients have diabetes and most are referred from a neighboring endocrinology practice.

Dr. Chous' top priority is to teach patients about the importance of good metabolic control to reduce the risk of vision loss and other complications, underscore the link between diabetes-related eye disease and other (especially cardiovascular) complications, and give each patient some tools to help them live well with diabetes.

Some barriers to care for his patients include patients being unknowledgeable about diabetes and its effects on the eyes; patients believing that good vision is tantamount to having healthy eyes; community physicians not uniformly emphasizing the importance of routine dilated eye exams to their patients with diabetes; lack of health care team emphasis on risk factors other than glycemic control, particularly hypertension and dyslipidemia; and lack of health care team emphasis on non-pharmacologic therapies, particularly sound nutritional guidance and physical activity.



Dr. Chous repeatedly tells his patients: “My goal as your optometrist is to help you prevent or minimize eye complications of diabetes, communicate with you and your other doctors in your best interest, and always be your advocate—I am on your side.”

The AOA Professional Relations Committee fought to ensure that ODs receive the same AMA Physician Practice Information (PPI) surveys as MDs. Through this survey, the AOA and the AMA joined with more than 70 other health care associations in working together to collect this coordinated, multi-specialty survey to update widely used data about sustaining a medical practice. Optometry was applauded by the AMA on having 100 percent completed PPI surveys.

Following a successful pilot test, the rapidly expanding AOA Contact Lens & Cornea Section Online Continuing Education Program offers AOA members COPE-approved courses on contact lens practice (sponsored by CooperVision) while a variety of additional features, such as the exclusive E-Z Fit Calculator (courtesy of eyedock.com), are available to section members.



The AOA Aviation Vision Committee's traveling "Eyes Right for Flight" exhibit and AOA Aviation Vision Course position optometry as the preferred source of eye examinations required for flight physicals. The AOA Aviation Vision Program is sponsored through generous grants from Essilor and The Vision Care Institute.



The AOA Eye Safety Committee's new "Protecting Your Vision" document helps optometrists address the nation's unmet need for prescription and non-prescription safety eyewear.

The AOA Sports Vision Section's Eye Emergency Kits for Athletes promote the importance of protective eyewear usage for athletes (sponsored by a grant from Alcon).



Making a big difference in the lives of our **littlest patients...**

Taking the call to ensure a lifetime of healthy vision, AOA members are starting with the youngest members of the community—infants—and ensuring they get a bright start. With so much at stake in a child's life, the AOA is stressing the importance of eye exams before school and getting resources into AOA members' hands to help them care for young patients efficiently and with a minimum of fuss.

As the scope and impact of the AOA's lifesaving and sight-saving InfantSEE® initiative continues to grow, so does the list of new supporters. Over the last program year, the AOA advocacy group secured significant endorsements for the InfantSEE® program from the Lions Clubs International and the American Cancer Society, and Johnson & Johnson continued as major contributor.



New support was also secured for the Vision Care for Kids Act, which overwhelmingly passed the U.S. House (H.R. 507) in October 2007. The bill aims to establish a federal grant program to fund state children's vision/classroom learning initiatives and has advanced in the U.S. Senate (S. 1117).

The AOA's Ready for School public education campaign and a new alliance with the National Association of School Nurses are helping parents and teachers understand the importance of comprehensive eye examinations in addressing the vision problems that can impact academic performance.

Mandatory comprehensive eye exam requirements for children entering school were increasingly added to states' legislative agendas. The goal is to ensure that our

nation's children enter the most learning-intensive period of their lives fully equipped to read, learn, and grow to their full potential. This program year:

- Illinois became the third state to require eye examinations for all children entering public school, following Kentucky and Missouri.
- Rhode Island and Nebraska enacted enhanced vision screening programs.
- New Jersey launched a pilot eye examination program for children in the second grade.
- Massachusetts and Ohio began requiring comprehensive vision examinations for all children newly referred to special education programs.

The Lee's Summit, Mo., practice of Scott Drake, O.D., is seeing a "trickle-down" effect from his involvement in the InfantSEE® program.



Scott Drake, O.D., provides care for the whole family. From left, Dr. Drake, RaiJah, 6, Zion, 9, Mom Tiffany and Elijah Griffin, 2.

"We've been doing assessments since the inception of the program," said Dr. Drake. "It does bring in parents and the rest of the kids in the family. The InfantSEE® assessments are a good chance to educate the family on getting their eyes examined. Someone who would otherwise start worrying about getting their kids in for an exam between age 7 and 10 will now know to bring them in before that."

When Dr. Drake scheduled a follow-up appointment for 2-year-old Elijah Griffin, the family decided it was time all of them had eye exams.

It turns out both mom Tiffany and 6-year-old sister RaiJah required a prescription for glasses.

"Two of the five of us came in and needed glasses," said Tiffany Griffin. "They say your eyes are your windows to the world, and I want us to see everything that's possible."

Dr. Drake performs three or four InfantSEE® assessments each month. He has discovered cases of strabismus, cataract and anisometropia during the three years he's been an InfantSEE® provider.

The new Missouri children's vision law has also made a difference in the lives of his patients. The law requiring comprehensive eye examinations for children entering kindergarten or first grade in public schools went into effect July 1, just in time for students preparing to start school in the fall.

"We've gotten a lot of kids with the new law—lots of kindergartners," said Dr. Drake. "Most of them are fine, but we've had several who needed glasses and two children with amblyopia who have since started treatment."

Dr. Drake encourages other practitioners to become InfantSEE® providers and start seeing more children.

"It's fun and easy," said Dr. Drake. "I have a good time with the kids."

Paving the Way for E-Records

As the AOA Health Information Technology and Telemedicine Project Team eyes the Nationwide Health Information Network -- set to serve all U.S. patients and health care providers by 2014 -- the team is working to ensure optometrists are ready to participate and reap the clinical and practice management benefits.



Providing optometrists practical know-how for new e-records systems

- **Electronic health records (EHRs)** — “Building the Paperless Practice: AOA’s Electronic Health Records Seminar” offers a step-by-step plan for understanding implementation of EHRs in an optometric practice with a “hands-on” workshop to personally try out popular systems.
- **E-prescribing** — Medicare’s new e-prescribing bonus program begins Jan. 1, 2009. Optometrists will be ready thanks to an extensive AOA e-prescribing education program including the “What Optometrists Need to Know” White Paper” and interactive “Electronic Prescribing Readiness Assessment” (developed specifically for optometric practices by SureScripts/

RxHub, the nation’s e-prescribing network, in cooperation with the AOA) accessible in the e-prescribing section of the AOA Web site HIT page.

- **Medicare Individuals Authorized to Access Centers for Medicare & Medicaid Services Computer Services (IACS)** — As Medicare issued its first provider report cards, indicating how well providers did in meeting designated standards of care, *AOA News*, *Optometry: Journal of the American Optometric Association* and the AOA Web site provided extensive instructions for downloading reports through the new IACS.

Ensuring participation and fairness

Quality reporting and pay-for-performance programs are rapidly being implemented by public and private insurance plans—bringing new opportunities as well as new regulatory compliance responsibilities for optometrists. The AOA is helping optometrists participate in the new world of quality reporting and ensuring optometrists are treated fairly.

- **Medicare PQRI** — As Medicare launched its first Physician Quality Reporting Initiative (PQRI) reporting period in July 2007 and its first full-year PQRI program in January 2008, many optometrists reported quality measures and were ready to qualify for 1.5 percent bonuses thanks to extensive “how-to” guidance from the AOA Eye Care Benefits Center on the new G codes and modifiers required to report designated quality measures.

- **The AOA Optometric Clinical Guidelines** – covering 20 clinical topics (six reviewed or updated this program year) – help ensure optometrists set the clinical standards they are measured against.
- **The AOA Commission on Quality Assessment and Improvement** gave optometry a voice in the bodies setting accreditation standards such as the National Quality Forum and the National Committee for Quality Assurance.
- **The Joint Board Certification Project Team** began developing a model for board certification in optometry and maintenance of certification for adoption by the profession. The AOA is one of six organizations who comprise this project team.

Attending to the details

Also keeping the workforce up to date is the introduction of AOACodingToday.com. The subscription online coding service helps practices keep up with the latest coding changes and avoid costly and potentially troublesome mistakes. It combines coding data from eight separate sources into one and provides everything needed to code accurately.

This program year, the AOA Order Department began offering tamper-resistant prescription pads that meet

the federal Medicaid requirements. To be considered tamper-resistant, a prescription pad must have features to prevent unauthorized copying of a completed or blank prescription form; prevent the erasure or modification of information written on the prescription by the prescriber; and prevent the use of counterfeit prescription forms.

Raising the Public's Eye-Q®

Striving for an enlightened community, one that understands the importance of clear eyesight, regular examinations and professional care, the AOA has invested in an ambitious program of public education. The association has been eager to enlist allies and sought partnerships that lift the community's awareness and result in better health for all.



The target of the AOA Optometry Awareness and Public Affairs Campaign, conducted in conjunction with the Hill & Knowlton public affairs firm, is to promote awareness and understanding of who optometrists are, including their scope of practice, and to protect optometrists' ability to serve patients to the full extent of their optometric education and training.

The campaign positions optometrists as "go-to" experts on eye health and wellness and policy leaders in the public health arena. Campaign strategies raised the visibility of optometry and created an awareness of the AOA in order to better address attacks.

Yearly campaigns raise optometry's visibility by developing long-term media relationships; reaching out to national health and consumer media, ophthalmic press and top-tier newspapers in each state; and educating freelance journalists. The latest results from these public relations campaigns demonstrate the success of AOA efforts.



As part of the Ready for School campaign, Bill Nye the Science Guy and Leonard Press, O.D., (shown left) appeared live on 12 TV stations and five radio stations on

a satellite media tour covering 31 interviews. The VSP-sponsored tour included four national outlets, and coverage reached a total audience of 1.2 million, with 57 airings on 156 stations.

The AOA's American Eye-Q® survey harvested considerable results in terms of media coverage. The survey identifies Americans' attitudes and behaviors regarding eye care and related issues and is designed to assist the AOA in educating the public about the importance of regular, comprehensive eye exams for overall health and well-being. The campaign totaled 271 media hits and more than 126 million impressions.

January's National Glaucoma Awareness Month coverage increased from 12 hits in 2007 to 41 hits in 2008. The number of impressions went from 4.1 million to 38.2 million—an 830 percent increase. The campaign included an article co-authored with the National Optometric Association.

The March 2008 Save Your Vision Month campaign focused on computer vision syndrome. Total media impressions reached 83 million.

The Sports Vision Awareness Campaign in April garnered 112 media hits and 70 million impressions.

Keeping the Community Informed

Keeping up with the latest happenings in 6,500 communities is a weighty task. That's why the AOA News, e-newsletters, *Optometry: Journal of the American Optometric Association*, and the AOA Web sites are working hard updating members with breaking news on legislative and clinical issues.

In a new benefit for members, the AOA teamed up with *U.S. News and World Report* to provide a free daily e-mail summary of ophthalmic news under the title "AOA First Look." Editors at U.S. News scour online news sources and compile items they expect will interest optometrists every weekday morning.

A new AOA Communications Group initiative responds to the growth of the Hispanic population and the importance of supporting optometrists in meeting the needs of their Hispanic patients. The AOA and Transitions Optical joined forces to deliver new communications tools and resources that focus on the unique needs of the Hispanic population. The initiative will help ODs better understand and accommodate specific cultural differences and risk factors pertaining to Hispanic consumers.

Investing in the infrastructure

Serving the profession means removing obstacles to practice, preparing for the future, and keeping the community a desirable place. From quality schools, to new surveys, to ensuring the right paperwork is always at hand, attention to the needs of the profession keeps everything humming.



Reaching out to students

The AOA concluded a successful year of visits to most optometry schools and colleges during the 2007-2008 academic year. The AOA has had a presence on campus to some degree for the last 20 years; with the 2007-2008 year, that presence grew to the point where an AOA-elected representative or volunteer visited almost every school or college of optometry. The visits not only give the opportunity for AOA representatives to meet with students and faculty to talk about the importance of involvement in organized optometry, they also give the schools a chance to showcase their facilities and programs to AOA decision-makers.

"Students are the future of optometry. It is critical that they understand that optometry is a legislated profession that arguably has grown to provide more services to our patients than any other health care profession in the last 35 years. What optometry and



The New in Practice series is intended to help ODs starting their careers or considering changing practice settings, including "Marketing & Networking for Practice Growth," which 250 attended June 26.

the care we provide to patients will look like 35 years from now will depend on the current and future students and their dedication to their profession and patients," said AOA President-elect Peter H. Kehoe, O.D. "The sooner we can connect with students and let them know that the leaders of their profession are passionate about their future, hopefully the more inspired they will be to become actively involved in their profession as students and graduates."

Surveying the landscape

The field of eye and vision care is not only growing, but changing in virtually every respect, according to the AOA's State of the Profession 2008 report compiled by the Information & Data Committee. However, independent practice optometrists are maintaining their status as the nation's primary care providers.

The AOA estimates there were 37,083 full-time equivalent optometrists in the workforce in 2007 with an average age of 46.6. Most continue to provide care in traditional solo practices, although numbers are increasing in partnerships and group practices.

In 2007, more than one in three optometrists (34.4 percent) participating in the AOA New Technology Survey described their practice areas as suburban, 37.7 percent as urban and 27.9 percent as rural.

More than 30 years ago (in 1973), only 3 percent of the workforce was made up of female ODs. Now, more than half of the new optometry graduates are women, which will lead to a rapid change in the gender composition of the workforce in the years ahead.

Gathering places

Independent doesn't mean solitary. The AOA is dedicated to bringing people together, in large meetings, in small gatherings and for special occasions. It's when we assemble that the strength of the profession is most evident and we most appreciate the contributions that every member of the AOA makes.



New practitioners: connecting the present and the future

In response to the growing need for help transitioning from optometry school to practice, the AOA presents the Career Advocate program to students at the schools and colleges of optometry. The program provides useful information to help students move from the structured environment of optometry school to the unstructured world of practice decision-making. The program is supported by Advanced Medical Optics and The Vision Care Institute™, LLC, a Johnson & Johnson company.

The AOA endorses the First Practice Academy™ as the first and only training program designed for independent optometrists who have been private practice owners for three years or less. Developed by CIBA Vision and Essilor of America, the First Practice Academy opened this year to provide new optometric business owners with strategies and tools to enhance their patients' experience, achieve financial success and gain competitive advantage.

The AOA launched a new member benefit for those in their first three years of AOA membership. Along with a new

member kit, those new to the AOA will receive a quarterly "Spotlight" mailing that details a particular member product or service that might appeal to new practitioners.

The AOA's New in Practice Series was designed with young ODs in mind. The New in Practice course at Optometry's Meeting®, sponsored by CIBA Vision, covered Marketing & Networking for Practice Growth, the Doctor's Role in Setting Up and Running an Optical, and Financial Management. This program was sponsored by CIBA Vision.

New financial solutions are available to members through the AOA's new partnership with GE Healthcare Financial Services. The innovative practice solutions span the entire life-cycle of a medical practice and include specialized products for practice start-ups or expansion, equipment financing and practice acquisition. GE Healthcare Financial Services' program also includes a network of financing experts who guide eye care professionals through the equipment and practice financing process.

2008 Optometry's Meeting®

Designed not only to meet the needs of all segments of optometry – from students to the most established practitioners – the 111th Annual AOA Congress & 38th Annual AOSA Conference: Optometry's Meeting® continues to be the only complete optometric meeting with continuing education, exhibition hall and the House of Delegates at which practitioners chart the future of their profession. Although Seattle, Wash., was a new, untested location, it proved to be an excellent venue on all accounts.



- 6,229 total attendees attended 111th Annual AOA Congress & 38th Annual AOSA Conference: Optometry's Meeting®, June 25-29, 2008, at the Washington State Convention & Trade Center.
- 228 hours of continuing education were offered to ODs, paraoptometrics and students during the week.
- 196 exhibitors displayed their latest products and/or services in the Exhibit Hall.
- The New in Practice Series, sponsored by CIBA Vision, and Optometric Educator's Exchange provided specialized learning opportunities to segments of the profession.
- Christopher Gardner provided the most inspirational presentation during the Opening General Session, sponsored by Essilor, while Jay Leno entertained 3,000 professional attendees and their guest at the Presidential Celebration, sponsored by HOYA, the largest turnout for an event in Optometry's Meeting® history.
- Optometry's Meeting® recently received its official registered status, therefore the ® has replaced the ™.
- Optometry's Meeting® would not be possible without the continued generosity of our many sponsors, especially the participants of the Ophthalmic Council.

Other gatherings include:

- At the Presidents' Council held in January, the state optometric association presidents, presidents-elect and executive directors heard about several new opportunities in addition to state and federal advocacy challenges.
- Healthy Eyes Healthy People® Committee members and consultants from across the country gathered at the sixth annual Healthy Eyes Healthy People® Conference in early 2008 to collaborate, network and increase awareness of projects. AOA President Kevin Alexander, O.D., Ph.D., announced the awarding of \$810,000 in grants to date at the conference in St. Louis.
- Optometrists serving on more than 30 AOA committees, project teams, commissions and sections met in St. Louis, May 2-3 to advance the work of the association during Spring Planning. AOA President-elect Peter H. Kehoe, O.D., asked the groups to be mindful of the AOA's four pillars: advocacy, affiliates, membership, and public health.

Productive alliances

Growing communities attract investment, innovation and diversity. The AOA has welcomed like-minded leaders in industry and benefited from the ideas, energy and support they bring.



A collaborative milestone



The AOA announced the 10th anniversary of the Ophthalmic Council this program year.

The Ophthalmic Council serves as an informal forum for the leaders of the ophthalmic industry

and the AOA to communicate their respective ideas and concerns while enhancing and advancing the ophthalmic industry to better serve patients and consumers.

In the course of its 10 years, the Ophthalmic Council's support of the AOA and the profession of optometry has been in the millions of dollars and unmeasured amounts of time and counsel.

A company's participation in the Ophthalmic Council begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA's goals and practices.

Of particular note, the Ophthalmic Council provided support for the Practice Management University (PMU) from 2000 – 2003 and Optometry 2020 Summits (2005 – 2006).

In its three years, PMU provided management training to more than 11,000 optometrists and their staffs.

The Optometry 2020 Summits provided an unprecedented opportunity for all optometric

organizations and industry to consider the future of the optometric profession outside the normal political and economic boundaries. Putting patient care at the center, and considering inevitable changes in the world, optometric organizations took an honest look at the future and determined its course.

"The Ophthalmic Council is extremely valuable to the profession because of the interactions with industry leaders, and has become a vehicle for industry and the optometric profession to work together to benefit the patients that we both serve every day," said Howard J. Braverman, O.D., chair of the AOA Ophthalmic Council. "Also, the Ophthalmic Council recognizes those companies at the top tier of support of organized optometry and to ensure an ongoing dialogue that benefits the profession."

Founding participants of the Ophthalmic Council include: Alcon, Allergan, Bausch & Lomb, CIBA Vision, Essilor of America, Luxottica Group, Marchon Eyewear, VSP, and Vistakon®, Division of Johnson & Johnson, Vision Care, Inc.

In addition, the current Ophthalmic Council participants include: Advanced Medical Optics, CooperVision, Eyemaginations, HOYA, Kemin Health, Liberty Sport, Optos, Shamir, TLC Vision, Transitions Optical, and VisionWeb.

The AOA Board of Trustees



The 2007-08 Officers and Trustees of the American Optometric Association are sworn in by Carol Alexander, O.D. From left, they are President Kevin L. Alexander, O.D., Ph.D.; President-elect Peter H. Kehoe, O.D.; Vice President Randolph E. Brooks, O.D.; Secretary-treasurer Joe E. Ellis, O.D.; Immediate Past President C. Thomas Crooks, III, O.D.; and Trustees Dori M. Carlson, O.D.; David A. Cockrell, O.D.; Ronald L. Hopping, O.D., MPH; Mitchell T. Munson, O.D., and newly elected Trustees Stephen A. Loomis, O.D., and Andrea Thau, O.D.



The American Optometry Association and Optometry's Charity™

Combined Statement of Financial Position, December 31, 2007

ASSETS

Current Assets:

Cash & cash equivalents	2,236,898
Investments	9,626,898
Dues receivable, net of allowance	4,200,059
Accounts Receivable, net of allowance	718,262
Other receivables	249,748
Printed material for resale	247,772
Other prepaid expenses	456,925
Fixed assets held for sale	1,601,800

Total current assets	19,338,362
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Long-Term Investment, At Cost	1,119,319
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Property and Equipment, At Cost	2,232,768
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Total Assets	22,690,449
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LIABILITIES AND OWNERS EQUITY

Current Liabilities:

Accounts payable	976,424
Current portion of purchase price payable- VisionWeb	32,416
Current portion of Note Payable - OOA	20,000
Accrued expenses	
Other	350,559
Deferred Industry Funding	455,240
Deferred Exhibitor Revenue	628,250
Other Deferred Income	72,940

Total current liabilities	2,535,829
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Accrued Pension Cost - Defined Benefit Plan	1,307,519
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Long-Term Debt - To Affiliate	60,000
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Total liabilities	3,903,348
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Net Assets

Unrestricted	
Designated	1,778,043
Undesignated	16,275,221

Total unrestricted	18,053,264
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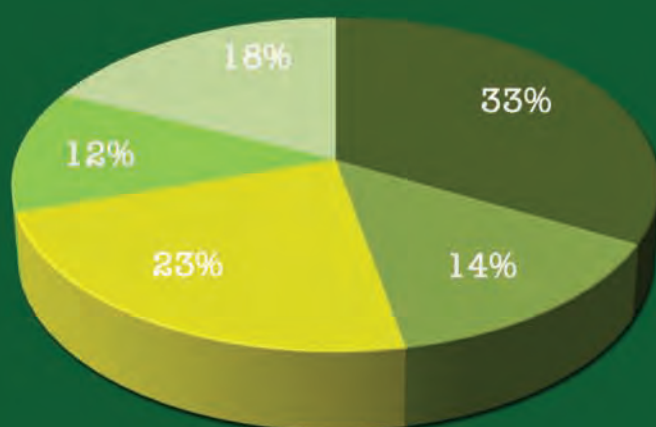
Temporarily restricted	683,837
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Permanently restricted	50,000
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Total net assets	18,787,101
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Total liabilities and net assets	22,690,449
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Budgeted Expenses for 2008



- Membership
- Administrative
- Advocacy
- Clinical Care
- Communications



American Optometric Association



MEETINGS

November

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CE
November 9, 2008
Best Western Royal Plaza Hotel,
Marlborough, Massachusetts
Richard Lawless 508/875-7900
FAX: 508/875-0010
www.massoptom.org/events/
eventView.asp?EventID=23

VT/ VISUAL DYSFUNCTIONS (OEP
CLINICAL CURRICULUM)
Optometric Extension Program
Foundation November 12-16,
Phoenix, AZ Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

WEST VIRGINIA OPTOMETRIC
ASSOCIATION ANNUAL
CONGRESS
November 13-16, 2008
Charleston Town Center Marriott,
Charleston, West Virginia
866/205-5897 exec@wvoa.com
www.wvoa.com

ARIZONA OPTOMETRIC
ASSOCIATION
2008 FALL CONGRESS
November 14-16, 2008
Hilton Sedona Resort and Spa,
Sedona, Arizona Jennifer Parker
602/279-0055 800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org
www.azoa.org

CALIFORNIA OPTOMETRIC
ASSOCIATION
MONTEREY SYMPOSIUM
November 14-16, 2008
Monterey Convention Center,
Monterey, California
Tamalon Littlefield
916/441-3990, ext. 228
tlittlefield@coavision.org
www.montereysymposium.com

PRIMARY EYE INSTITUTE FOR
VISIONARY CLINICIANS
BUILDING A MEDICAL MODEL IN
DRY EYE DISEASE
Las Vegas, NV November 15,
Tracy Abel 866/379-6235
www.peivc.com

TEXAS OPTOMETRIC
ASSOCIATION
2008 EYECON
November 15-16, 2008
The Radisson Dallas Love Field
Dallas, TX
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

FLORIDA OPTOMETRIC
ASSOCIATION, IN CONJUNC-
TION WITH NOVA
SOUTHEASTERN UNIVERSITY
COLLEGE OF OPTOMETRY
2008 FLORIDA EYE SYMPOSIUM
November 22-23, 2008
Quorum Hotel Tampa, Tampa,
Florida
Kellie Webb
800/399-2334
kellie@floridaeyes.org
www.floridaeyes.org

PENNSYLVANIA OPTOMETRIC
ASSOCIATION
GLAUCOMA UPDATE 2008
November 23, 2008
Hershey Lodge, Hershey, PA
Ilene K. Sauertieg
717/233-6455
www.poaeyes.org

December

WEB 10: The Impact of Vision Loss
on Development
December 3, 2008 (viewable on
demand for 6 months [registration
required]) 800/829-0500
www.lighthouse.org

51ST ANNUAL MEETING
SOUTH CAROLINA OPTOMETRIC
ASSOCIATION
December 4-7, 2008
Marriott Resort and Spa, Hilton Head
Island, South Carolina
803/799-6721
www.sceyecare.org

VT/STRABISMUS & AMBLYOPIA
(OEP CLINICAL CURRICULUM)
Optometric Extension Program
Foundation December 4-7, 2008
Phoenix, Ariz. Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

DECEMBER "ANNUAL"
CONFERENCE
MAINE OPTOMETRIC
ASSOCIATION, INC.
December 5-7, 2008
Hilton Garden Inn, Freeport, Maine
207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

PRIMARY EYE INSTITUTE FOR
VISIONARY CLINICIANS:
BUILDING A MEDICAL MODEL IN
DRY EYE DISEASE
Tampa, Fla. December 6, 2008
Tracy Abel 866/379-6235
www.peivc.com

NOVA SOUTHEASTERN
UNIVERSITY COLLEGE OF
OPTOMETRY
The Eye Care Institute Presents:
Fitting Specialty Contact Lenses
December 7, 2008
College of Optometry
Ft. Lauderdale, FL
Lorena Lizausaba, Coordinator
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce

SALUS UNIVERSITY
Oral Pharmaceuticals Credentialing
Coursework
December 13 - 15, 2008
Pennsylvania College of Optometry,
Elkins Park, Pennsylvania
Irene Lui
llanto.od@gmail.com
Pennsylvania College of Optometry
Continuing Education Dept
Phone: (215)-780-1380
Email: jlau@pco.edu

January

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY
2009 GLAUCOMA SYMPOSIUM
January 10, 2009
Willows Lodge, Woodinville, Wash.
Martina Fredericks 503/352-2207
frederim@pacificu.edu
www.pacificu.edu/optometry

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY 20TH ANNUAL
BERKELEY PRACTICUM
January 10-12, 2009
DoubleTree Hotel, Berkeley Marina,
Berkeley, Calif. Nyla Marnay
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu

EYE CARE ASSOCIATES
ANNUAL EDUCATIONAL
CONFERENCE
January 10-11, 2009
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Linda Cavazos
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Doc7ct@snet.net
www.ultimateeventslc.com

ARIZONA OPTOMETRIC
ASSOCIATION AZOA 34TH
ANNUAL INVITATIONAL
BRONSTEIN CONTACT LENS
SEMINAR January 22-25, 2009
Chaparral Suites Resorts, Scottsdale,
Jennifer Parker 602/279-0055
800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION AND
THE INSTITUTE FOR BEHAVIORAL
OPTOMETRY 54TH ANNUAL
KRASKIN INVITATIONAL
SKEFFINGTON SYMPOSIUM ON
VISION (KISS)
January 24-26, 2009
Hyatt Regency Bethesda, Bethesda,
Md., Dr. Jeffrey Kraskin
202/363-4450 jkraskin@rcn.com
www.skeffingtonsymposium.org

TROPICAL CE PLAYA DEL CARMEN
January 24-31, 2009
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Carmen
Stuart Autry 281/808-5763
John Ogden 281/900-8493
www.TropicalCE.com

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY 2009 ISLAND EYES
CONFERENCE January 25-31,
Kauai Marriott Beach Resort, Kauai,
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry

February

MINNESOTA OPTOMETRIC
ASSOCIATION ANNUAL MEETING
February 5-7, 2009
Hyatt Regency Minneapolis,
Jessica E. Miller 952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

DELAWARE OPTOMETRIC
ASSOCIATION WINTER THAW
CONTINUING EDUCATION
February 7, 2009
Embassy Suites, Newark, NJ
Troy Raber, O.D., 302/537-0234
www.deoa.org

TEXAS OPTOMETRIC
ASSOCIATION
109TH ANNUAL CONVENTION
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Renaissance Austin Hotel
Jennifer Martinez Bell
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TOAJennifer@austin.rr.com

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CONTACT LENS AND PRIMARY
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Hyatt Regency-Crown Center
Kansas City, MO, Dr. Steve Smith
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registration@hoacsl.org
www.hoacsl.org

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for the meetings calendar,
send a note to
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Advanced Medical Optics
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VSP Vision Care
VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: VSP Vision Care

The Case for Private Practice

By James Short, O.D., board chairman, VSP® Vision Care

The trends are clear. Eye care is a growing challenge across the nation.

Estimates suggest we're spending \$51.4 billion annually on adult vision problems in the United States. On top of that, more than 30 million Americans over the age of 40 suffer from leading causes of vision loss such as cataract, diabetic retinopathy, macular degeneration, and glaucoma. So it's no surprise that by the year 2020, the demand for vision care among those age 55 and older is expected to increase by nearly 38 percent.

Who will manage this rising need? At VSP, we believe private-practice doctors can make a difference. Here's why: **Accountability:** Nothing drives accountability like having your name on the front door of your practice. As a doctor practicing in the same part of Indiana for more than 20 years, my office has become an important part of the community. Yes, we're there to participate in Rotary or coach baseball, but it's more than that. It's about the trust we've earned from patients who stop to ask us about an eye condition in the grocery store or who send their friends and family to us for care. Located in the biggest of cities and smallest of towns, many private practices offer 24-hour accessibility, solid relationships with primary care physicians and specialists and a unique understanding of the local demographics.

High Return Rate: Statistics show the public regularly seeks eye care, with most turning to private practices for those needs. Sixty-one percent of insured adult Americans seek an eye exam each year, far more than the 16 percent who get an annual physical with their primary care physician. When you consider that 64 million people in the United States had eye exams at private practices, more patients are getting a WellVision Exam® more often in offices like mine each and every day.

Disease Detection: Combine high return rates with the high level of trust and accountability private practices have earned and you have a goldmine of opportunity to spot and help manage the onset of serious diseases like diabetes, hypertension, and high cholesterol.

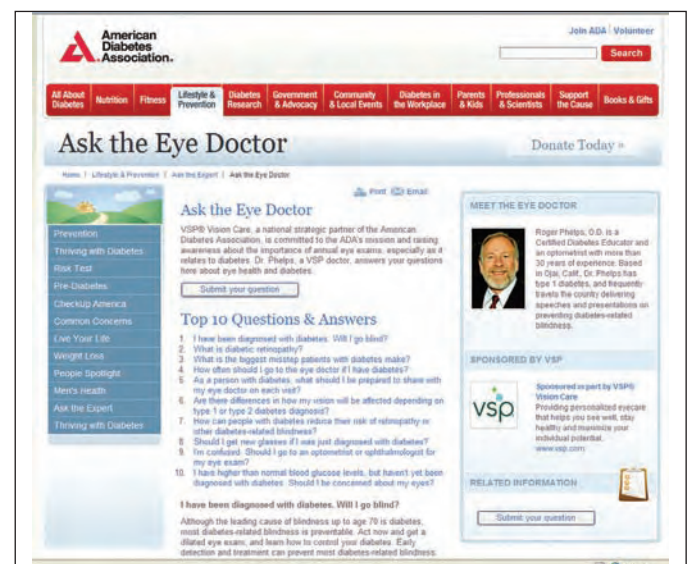
So, what's VSP doing to support private-practice optometry?

- ❖ Since 2000, VSP has added more than 13,500 doctors to its panel, which now stands 25,000 providers strong.
- ❖ More than 95 percent of all VSP members seek care from a VSP network doctor. That's a far cry from the 44 percent of EyeMed members who went to corporate retail chains for their eye exams.*
- ❖ VSP has donated more than \$20 million to the Vision One Loan Program, established private-practice clubs on university campuses, and supported legislation that furthers private practice.
- ❖ VSP has assisted more than 1,000 doctors with practice transition activities and, through EyeSeek®, helped nearly 400 doctors fill positions in their practices.

As impending eye care needs grow, we need more doctors putting on their lab coats in cities and towns across our nation just like I did more than 20 years ago.

At VSP, we're working hard to ensure the success and growth of private-practice optometry.

*Source: VSP Proprietary Research, Synovate Consumer Eye Exam Experience Study, April 2007



VSP Vision Care is sponsoring a new 'Ask the Eye Doctor' feature on the American Diabetes Association Web site. The 10 questions will rotate as users participate and ask new questions. To view 'Ask the Eye Doctor,' visit www.askavspdoctor.com.

VSP sponsors 'Ask the Eye Doctor' on ADA site

VSP® Vision Care announced the launch of Ask the Eye Doctor, a new feature sponsored by VSP on the American Diabetes Association (ADA) Web site.

Ask the Eye Doctor highlights 10 of the most frequently asked questions relating to eye health and diabetes, rotating regularly as users participate and ask additional questions.

VSP provider Roger Phelps, O.D., offers answers to questions such as:

- ❖ I have been diagnosed with diabetes. Will I go blind?
- ❖ What is diabetic retinopathy?
- ❖ What is the biggest misstep patients with diabetes make?
- ❖ How often should I go to the eye doctor if I have diabetes?
- ❖ As a person with diabetes, what should I be prepared to share with my eye doctor on each visit?
- ❖ Are there differences in how my vision will be affected depending on type 1 or type 2 diabetes diagnosis?
- ❖ How can people with

diabetes reduce their risk of retinopathy or other diabetes-related blindness?

- ❖ Should I get new glasses if I was just diagnosed with diabetes?
- ❖ I'm confused. Should I go to an optometrist or ophthalmologist for my eye exam?
- ❖ I have higher than normal blood glucose levels, but haven't yet been diagnosed with diabetes. Should I be concerned about my eyes?

An optometrist for more than 30 years, Dr. Phelps is based in Ojai, Calif., and is a Certified Diabetes Educator living with type 1 diabetes.

VSP is a National Strategic Partner of the ADA, helping educate Americans about the importance of regular eye care while managing diabetes.

To access Ask the Eye Doctor, visit www.askavspdoctor.com.

Ask the Eye Doctor is the first feature on the ADA's new Ask the Expert page.

Other future topics in the series will include Ask the Pharmacist, Ask the Nutritionist, and Ask the Dentist.



Transitions releases diabetes clinical paper, kids poster

A new clinical paper on the ocular effects of diabetes as well as a kids-themed diabetes education poster are available from Transitions Optical through its Transitions® Partners in Education™ program.



Released at MIDO 2008, “Healthy Sight Counseling: Diabetes and the Eye” discusses the impact of diabetes on several eye diseases, as well as the susceptibility of diabetic eyes to heightened damage from ultraviolet (UV) light.

The paper also includes a special section about protecting the eyes of children, who receive more UV exposure than adults and are more susceptible to its effects.

Additionally, the paper talks about reductions in contrast sensitivity and increased sensitivity to glare as side effects of diabetes and its related eye conditions. “Healthy Sight

Counseling: Diabetes and the Eye” highlights the need for eye care professionals to educate individuals with or at risk for diabetes to wear protective eyewear—such as UV-blocking Transitions lenses or fixed-tint lenses and anti-reflective coatings—to help protect against harmful UV radiation and vision-impairing glare.

The paper’s advisory panel included Bruce Bode, M.D., Paul Brant, O.D.; Leila El Matri, Pr.; Susan Stenson, M.D.; and Gary Trick, Ph.D.

Complementing the clinical paper, Transitions also offers an educational poster targeted specifically toward parents, intended to elevate awareness of the importance of proper eye care and eye-

wear for children with diabetes.

The poster can be used in-office by eye care professionals or other medical professionals.

The poster and clinical paper are available for download at www.transitions.com/diabetes and can also be requested through Transitions Customer Service at 800-848-1506.



TVCI offers free online digest to educate families on eye health

To help families better understand the important connection between vision and performance, Johnson & Johnson Vision Care, Inc. is offering Be The Best You Can Be™, a free online educational digest with advice from experts on how to keep eyes healthy for better performance.

“We know there’s a connection between excellent vision and overall performance; good eye health and optimal vision correction should be a consideration for all performance-minded individu-

als,” said Graham B. Erickson, O.D.

“Uncorrected or under-corrected vision problems can be major contributing factors to computer-related eye stress, affecting visual performance and comfort,” added Jeffrey Anshel, O.D., author of *Visual Ergonomics in the Workplace*.

Both doctors agree that poor vision should not limit performance and stress the importance of regular eye examinations, as well as making sure patients see an eye care professional if they experience vision problems or discomfort.

Be The Best You Can Be™ features advice from Drs. Erickson and Anshel and other experts on keeping eyes healthy for better performance on the athletic field, behind the wheel of a car, and even in front of a computer screen.

Also included are tips on simple exercises you can do at home to make ocular muscles more efficient, information on a free brochure on eye health and allergies, and advice on how to protect your eyes from dangerous UV rays.

The educational digest, along with a free trial-pair certificate for Acuvue® Brand Contact Lenses, is available for free download at www.acuvue.com/bethebestyoucanbe for a limited time.



Carl Zeiss Vision announced the debut of GT2™ Short, a new short-corridor progressive lens based on the award-winning GT2 design.

With a 13mm minimum fitting height—one of the lowest available on the market—GT2 Short offers patients superior optical performance in a broader range of fashionable frame sizes.

The unique GT2 Short design offers a continually widening near zone as the fitting height increases, unlike other short corridor designs that are optimized only in extremely small frames.

And, GT2 Short offers wide, clear vision that is virtually distortion-free above the 180° line, providing truly satisfying distance and peripheral vision, Zeiss says.

The progression of power and astigmatism has been carefully managed for excellent control of wavefront aberrations throughout the lens, allowing GT2 Short to offer greater visual satisfaction and outstanding ergonomic utility.

“It is clear from the success of the original GT2 that the design delivers a very sat-



isfying visual experience,” said Steve Koufos, Carl Zeiss Vision’s vice president of Marketing, North America. “We are pleased to bring that satisfying performance to patients who prefer smaller frames. Between GT2, GT2 Polarized and GT2 Short, eye care providers can now satisfy the needs of virtually any presbyope with a GT2 design.”

GT2 Short launched Oct. 20 in polycarbonate and 1.67 high index and is available in a wide base curve range.

The lens is compatible with Teflon® Clear Coat, Carat Advantage and all other Zeiss anti-reflective coatings and is available with Transitions®.

For more information, e-mail Lisa Lorenz at lisa.lorenz@vision.zeiss.com or call 858-509-9899, ext. 270.



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University of Alabama at Birmingham School of Optometry

RESIDENCY POSITIONS AVAILABLE

Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence July 2009. Salary for each position is \$37,644.00. Applicants must possess an O.D. degree from an accredited professional optometric program and must have passed Parts I, II, and III of the NBEO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based / Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMS application (www.optometryresident.org) is February 1, 2009. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
University of Alabama at Birmingham
Birmingham, Alabama 35294-0010
lschif@uab.edu

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The Eye Institute Programs

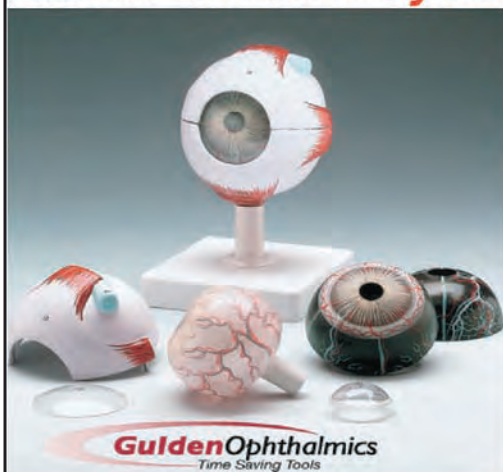
- Primary Eye Care
- Pediatric Optometry/Vision Therapy
- Low Vision Rehabilitation
- Cornea and Contact Lenses

Affiliated Residency Programs

- At Veterans Administrations Medical Centers
- In Ocular Disease and/or Refractive Eyecare

For more information, see our web site, www.salus.edu, or call **215-276-6180**. Application deadline is February 1st.

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 - With emphasis in Ocular Disease
 - With emphasis in Cornea and Contact Lenses
 - With emphasis in Low Vision
 - With emphasis in Pediatric Optometry and Binocular Vision
- **Pediatric Optometry**

Residency Programs at NSU Affiliated Sites

- **Primary Care**
 - Gainesville VAMC
 - Lake City VAMC
 - Orlando VAMC
 - Bay Pines VAMC
 - Tallahassee VAMC
 - Daytona Beach VA Clinic
- **Ocular Disease**
 - Bascom Palmer Eye Institute
 - Braverman Eye Center
 - Aran Eye Associates
 - Clayton Eye Center

For further information or questions regarding the application procedures, please contact:

Lori Vollmer, O.D., F.A.A.O.
Director of Residency Programs
Nova Southeastern University - HPD Optometry
3200 S. University Drive, Ft. Lauderdale, FL 33328
lvollmer@nova.edu
954-262-1452

<http://www.nova.edu/optometry/residency/residency.html>



SHOWCASE



The New England College of Optometry announces Residency Programs 2009-2010 in the following areas:

- Community Health Optometry (2)
- Ocular Disease (1)
- Cornea and Contact Lenses (2)
- Pediatric Optometry (2)
- Primary Eye Care-VA (4)
- Primary Eye Care and Ocular Disease-VA (11)
- Low Vision Rehabilitation/Primary Eye Care-VA (4)
- Primary Eye Care/Geriatric Optometry-VA (2)
- Ocular Disease-VA (2)

For more information about our programs, please contact:

Douglas J. Hoffman, O.D., F.A.A.O.
Director of Residencies
The New England Eye Institute
940 Commonwealth Avenue, Suite 2
Boston, MA 02215
hoffmand@neco.edu

or visit the NECO Website at www.neco.edu

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- * Non-members \$495



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REPORTS TO: VP Customer Development
LOCATION: Dallas, Texas
CLIENT GROUP: Customer Development

POSITION PURPOSE:

Responsible for leading all management and technical training initiatives with an emphasis on:

- Technical skills
- Talent management
- Change management
- Business Results

Responsible for Essilor Dispensary

- Management
- Growth strategies and execution
- Development of team

Partner with other functional areas to leverage resources and maintain focus on business critical issues and business results.

EDUCATION AND QUALIFICATIONS:

- OD preferred
- 5+ Years related optical/training experience
- 3+ Years experience in project management managing a functional/business unit curriculum
- 3+ Years Dispensary management experience
- Strong written and verbal communication and presentation skills
- Excellent stand up skills
- Demonstrate strong project and change management experience
- Strong business acumen
- Proficient in Microsoft Office – Word, excel, PowerPoint
- Travel is required

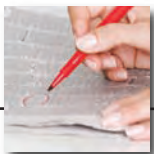
COMPETENCY REQUIREMENTS:

- **Setting Direction**
 - Aligns own work with company business direction
 - Ensures short-term activities support long-term business direction
 - Stays current by seeking market and industry knowledge in varied ways
- **Continuous Improvement**
 - Displays a commitment to excellence
 - Embraces change in the work environment
 - Develops innovative/creative ideas and solutions
- **Business Acumen**
 - Gathers required data to make good decisions
 - Uses intuition and experience to complement data
 - Clarifies key issues in complex situations
- **Action Orientation**
 - Manages competing demands
 - Prioritizes work activities and stays on track
 - Uses resources effectively and prudently
 - Demonstrates appropriate urgency and passion
 - Delivers on commitments; on time & on budget
- **Communication**
 - Demonstrates excellent written and oral communication skills
 - Uses appropriate communication methods & channels
 - Shares information and learning's with others
- **Customer Focus**
 - Demonstrates knowledge of customer's business
 - Anticipates possible customer needs and offers solutions
 - Seeks customer feedback to improve products and services
 - Builds productive customer relationships
- **Employee Development**
 - Implements personal development plan to grow skills
 - Seeks and accepts feedback
 - Picks up on the need to quickly change personal behavior
- **Team Contribution**
 - Demonstrates enthusiasm and a positive attitude
 - Volunteers to help others succeed
 - Shares resources to achieve team goals
 - Solicits input and involves others to achieve team goals

Contact: lwagner@essilorusa.com

Visit the AOA
Web site
at
www.aoa.org





SHOWCASE

The Ohio State University College of Optometry Tenure-Track Faculty Position

The College of Optometry at The Ohio State University invites applications for a tenure-track faculty appointment. Applicants at all career levels are encouraged to apply. Depending on qualifications, an appointment may be made at the assistant, associate, or full professor level. Research and teaching interests may be in any aspect of vision science in the broadest sense, whether basic, clinical, or translational in approach. Significant emphasis will be placed on potential for obtaining external funding for research and for contributing to the academic mission of the College.

The Ohio State University has the nation's most comprehensive health sciences center including the Colleges of Dentistry, Medicine, Nursing, Optometry, Pharmacy, Public Health, and Veterinary Medicine. In addition the campus houses disciplines related to vision science including the Colleges of Mathematical and Physical Sciences, Engineering, and Social and Behavioral Sciences. Collaboration across disciplines is actively encouraged. The College of Optometry offers a collegial environment with an excellent faculty engaged in an expanding program of externally funded research in a new research facility alongside a progressive optometric professional program. A competitive salary and start-up funds are negotiable commensurate with qualifications and needs.

Applicants should submit electronic versions of a current curriculum vitae, statement of research and teaching goals, and the names and addresses of three references by **December 15, 2008** to:



College of
OPTOMETRY

Donald O. Mutti, OD, PhD,
dmutti@optometry.osu.edu
Chair, Faculty Search Committee
The Ohio State University
College of Optometry
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PEDIATRICS/BINOCULAR VISION

IU School of Optometry

CORNEA AND CONTACT LENS

IU School of Optometry

LOW VISION

IU School of Optometry

OCULAR DISEASE

IU School of Optometry

Bennett & Bloom Eye Centers

Huntington VAMC, WV

UK Dept of Ophthalmology and Visual Sciences

PRIMARY EYE CARE

IU School of Optometry

Danville VAMC, IL

REFRACTIVE AND OCULAR SURGERY

Wang Vision Institute, Nashville TN

Application may be obtained from the web:

<http://www.opt.indiana.edu/residenc/residenc.htm>

Mail/fax completed application / additional materials to:

Steve Hitzeman, OD, Director of Residencies

IU School of Optometry

800 E. Atwater Avenue, Bloomington, IN 47405

Phone: (812) 855-4979 or Fax: (812) 855-8664

Application Deadline for all Programs is February 1.

IU Affiliated Programs use ORMS.

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SHOWCASE

SOUTHERN COLLEGE OF OPTOMETRY



Director for Clinical Programs

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position. The Director for Clinical Programs is the chief administrator of The Eye Center at SCO and is responsible for its overall management including patient care, quality assurance, finance, and marketing. The Director is also responsible for implementing the clinical component of the optometric curriculum. The Director works in concert with the Vice President for Academic Affairs regarding the scheduling of the didactic and clinical programs and in the assignment of faculty responsibilities. The Director will also hold an academic appointment and faculty rank.

The successful candidate must have a record of significant clinical achievement, proven leadership in providing health care services, and demonstrate a successful pattern of providing financial management. The successful candidate should be a visionary, capable of leading an outstanding clinical program to meet the challenges of the future practice of optometry. Individuals must possess the capability to incorporate change into curriculum as needed, while maintaining the standard of excellence in clinical education for which the college is noted. An OD degree is required, with additional advanced degrees preferred. The Director for Clinical Programs reports directly to the President of the College.

Southern College of Optometry has a long established reputation for excellence in clinical practice, and attracts outstanding students from throughout the country. This is an outstanding opportunity to help lead a prestigious institution in its effort to prepare men and women for highly successful practices in the art and science of optometry. The Search Committee will review all applications and initiate the interview process in fall 2008. Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

Richard W. Phillips, OD
President

Southern College of Optometry
1245 Madison Avenue, Memphis, TN 38104-2222
rphillips@sco.edu

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INFORMATION OPTIONS:

WEB SITE:
WWW.EYESKIUTAH.COM

E-MAIL:
tandbkime@buckeye-express.com

WRITE:
EYE SKI
4021 Sylvania Ave.
Toledo, Ohio 43623

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Invites applications for the position of Dean of the College of Optometry. The Dean is the chief academic and administrative officer of the professional optometry program. As such, the dean provides leadership to the faculty, students and staff members of the College in all academic, clinical and budgetary aspects of the program.

The Dean must have an O.D. degree, a record of academic accomplishment commensurate with senior academic rank, broad based clinical understanding, and management success which will allow him/her to serve as mentor for faculty and students. Applicants must be eligible for licensure to practice the full scope of Optometry in Oklahoma and must obtain an Oklahoma license within the first year of employment. Position available January 1, 2009; start date negotiable.

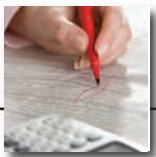
Applicant review will begin Nov. 17; applications will be accepted through Nov. 30, 2008. A current curriculum vitae, official transcripts of all college work completed, three letters of reference, and a completed faculty application form should be submitted to:

NORTHEASTERN STATE UNIVERSITY
601 NORTH GRAND AVENUE
TAHLEQUAH, OK 74464-2399

Additional information available at www.nsuok.edu/humanresources
Questions concerning the position may be directed to:
Dr. Tim McElroy, Dean of the NSU Muskogee campus
mcelroyt@nsuok.edu

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Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL C/O IMEC

1600 Osgood Street North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforney@comcast.net and voshinternational@comcast.net.

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches = \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

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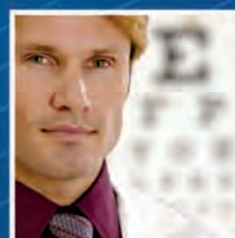
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